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Medical Alumni BULLETIN

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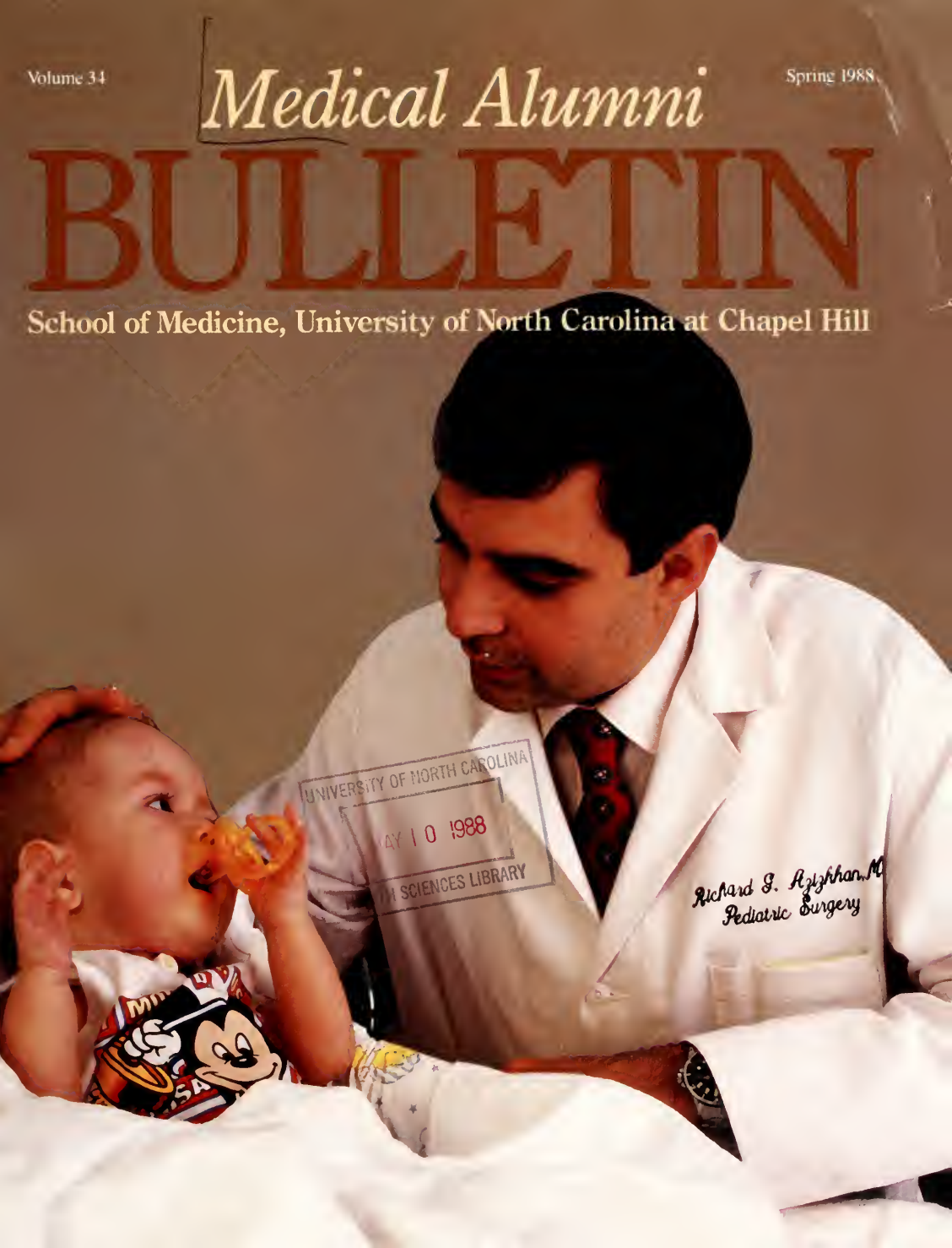
School of Medicine, University of North Carolina at Chapel Hill



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Dean's Page

For the first time in the professional lifetime of most of us, a major new lethal infectious disease has appeared and is spreading rapidly. The speed with which the human immunodeficiency virus has been identified as the causative agent of AIDS, and the speed with which reliable tests for the presence of the virus and for antibodies have been developed will stand as remarkable evidence of the power of modern biomedical science. Nonetheless, it seems unlikely that effective preventive or therapeutic treatments will be developed in the near future. It appears that AIDS will be with us for a long time to come.

While AIDS is still remote from the practices of many physicians and from many of the teaching programs of the School of Medicine, it is clear that the accelerating health threat of AIDS will increasingly condition many aspects of medical education and medical practice in the future.

AIDS poses large social problems, and our legislators turn to the medical profession for facts upon which to base legislative interventions intended to limit the spread of AIDS and to protect society. Practicing physicians who are confronted with some of medicine's most complex problems in the care of AIDS patients often must, at the same time, deal with the irrational responses of family members and society in general. Hospitals nationwide are finding that patients with AIDS have complex requirements that impose special burdens. Hospitals are uniformly underreimbursed for the care of patients with AIDS.

Instruction in the biology of AIDS, as well as the diagnosis, recognition of complications, and treatment, is increasingly prominent in medical education. Our curriculum is adapting to the presence of AIDS, and AIDS is even becoming an effective vehicle for learning some forgotten or underemphasized aspects of medicine.

We have evidence that the AIDS virus is not easily transmitted in the clinical setting. With hundreds of known exposures by healthcare providers through penetration of skin or mucus membrane by contaminated objects, there have been only approximately 12 known transmissions to providers. Nonetheless, many physicians and other healthcare providers are at risk of acquiring the AIDS virus in the research laboratory or in the operating rooms. As it was before the advent of antibiotics, medicine is again a profession associated with personal risks. The risk can be reduced to very nearly zero, and each of us has a responsibility to see that this is done insofar as possible. Having taken every reasonable step to minimize the risk, our students, faculty, and practicing physicians are ethically bound, I think, to participate in the care of patients with AIDS according to the best interest of these patients.

Recognizing the increased risk of exposure to the AIDS virus in certain communities and in certain specialties, there is still no ethical basis for one physician or hospital passing on to others the responsibility to provide care. Physicians should lead their communities in developing practical policies and practices concerning AIDS which are based on scientific knowledge of the disease.

Stuart Bondurant

Stuart Bondurant, Dean

Medical Alumni
BULLETIN
School of Medicine, University of North Carolina at Chapel Hill

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On the Cover

Dr. Richard Azizkhan, chief of pediatric surgery in the School of Medicine, visits with a patient, nine-month-old Jeffrey Black. (Photo by Lee Gupton)

PEDIATRIC SURGERY: Rapid Growth Creates New Challenges

By Joni Porter

Jeffrey Black is a rosey-faced, blue-eyed child whose cheerful disposition is a joy to parents Kim and David Black. "He's so full of life—he's tuned in to whatever is going on around him. I don't think he misses a thing," says Kim.

The future holds much promise for nine-month old Jeffrey, who started life with a potentially fatal condition called omphalocele, in which a newborn's intestines and liver are formed outside the abdominal cavity—fully exposed and vulnerable to infection or injury.

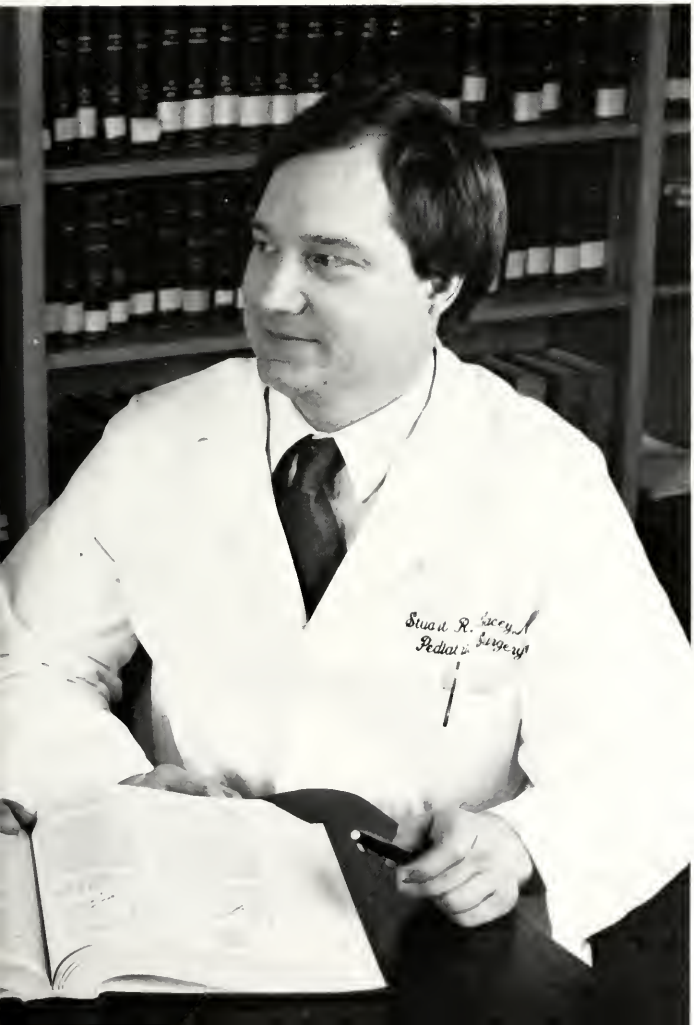
Kim says neither she nor her doctor knew her unborn baby had a life-threatening condition. "We had no idea there would be a problem when Jeff was born. We were shocked and confused. At first, all the doctors could tell us was that Jeff had some sort of birth defect."

At four weeks of age, Jeff was tranferred from the Greensboro hospital where he was born to N.C. Memorial Hospital. His mother recalls that, for the first time since Jeff's birth, she and her husband felt optimistic about Jeff's chances for recovery.

Now, nine months and a half-dozen operations later, Jeff is home with his parents. His abdomen—intestines and liver in place and functioning—continues to heal. A final operation to replace donor skin covering the intestines with Jeffrey's own skin will be done later this summer, marking the end of his recovery.

"The doctors said the worst is probably over. All we need to do now is to let him grow," says Kim.

Jeff's is one of the more than 700 cases seen in the past 12 months by the Department of Surgery's pediatric surgical services program. Dr. Richard Azizkhan, assistant professor of surgery and pediatrics, director of



the program, takes special pride in that figure, which points to a 500% jump in the pediatric surgical load since he joined the medical school faculty three years ago.

"The increase in surgical procedures done on infants and children reflects the relatively new focus on pediatric surgery in the school of medicine and at Memorial," Azizkhan says.

"When I came here, I was given a specific mission, which was to develop one of the best pediatric surgical centers in the country."

Dr. George Sheldon, Chairman of the Department of Surgery, says "The growth of pediatric surgical services has been phenomenal. Dr. Azizkhan and his staff have developed a program built around the integrated teamwork of a group of highly skilled professionals representing specialties such as urology, orthopaedics, cardiac surgery, neonatology, otolaryngology, gastroenterology, pulmonary medicine and pediatric critical care services."

Azizkhan emphasizes the importance of the pediatric surgical team. "Jeffrey's survival, and the progress he continues to make, would have been impossible without our multidisciplinary team approach. Largely because of this team effort, the finest, most complete care for young patients is available here in Chapel Hill."

The pediatric surgery program was not created in a vacuum, says Azizkhan, who notes that doctors at Memorial Hospital have

Dr. Richard Azizkhan (left), assistant professor of surgery and pediatrics, and director of pediatric surgical services in the School of Medicine, consults with Dr. Stuart Lacey, assistant professor of surgery and pediatrics, who recently joined the medical school faculty as the the program's second pediatric surgeon.

been performing surgical procedures on children since the institution first opened its doors.

"In the 10 years before I came to Chapel Hill, quite a bit of fertile groundwork had been laid for establishing a pediatric surgery program," most notably through the efforts of Drs. Floyd Denny and Colin Thomas, former chairs of pediatrics and surgery, respectively.

"There was a growing perception here, and in other places throughout the country, that special skills were needed for dealing with young surgical patients," he says.

With Sheldon's arrival in February 1984, plans for a pediatric surgery program moved into high gear. Azizkhan, who had just finished a stint as chief pediatric surgical resident at Johns Hopkins Hospital, came to Chapel Hill in July 1985 and the program became a reality.

"The breadth of expertise found here rivals that in many of the country's major children's hospitals."

Richard Azizkhan, M.D.

Demand for pediatric surgical services increased dramatically in his first 18 months at UNC, and Azizkhan says he worked an average of 100 hours weekly. To manage the burgeoning surgical load, a second pediatric surgeon, Dr. Stuart Lacey, formerly of Children's Hospital in Buffalo, New York, joined Azizkhan last summer.

"The program Rich has going here is exciting. It offers a lot of opportunity and challenge for a physician—especially a young physician. So much of what has been initiated here already has been tremendously successful. I'm pleased to be part of the effort to build an outstanding pediatric surgery program," says Lacey.

"Much of the program's success can be traced to the fact that UNC has long claimed one of the finest pediatric departments in the nation," says Azizkhan.

"The breadth of expertise found here rivals that in many of the country's major children's hospitals. The majority of our physicians are nationally or internationally recognized for their work, and it is this reputation that continues to bring in many of our patients."

Cases Seen by UNC Pediatric Surgical Services

YEAR	TOTAL
1984-85	161
1985-86	421
1986-87	601

** These figures include newborns, infants and children.

Azizkhan says he and Lacey intend to build on UNC's solid reputation as a major center for patient care and academic excellence. "We now have the surgical and pediatric expertise that will allow us to give the highest quality pediatric care anywhere in the nation," he notes.

Sheldon points out that the number of pediatric surgical patients here "is consistent with that of major children's hospitals nationwide. Last year we handled 134 neonatal cases. This surpasses the number handled by many institutions."

Other activities involving close collaboration among physicians from the departments of surgery and pediatrics are under way in the pediatric surgical service program. These include:

- A pediatric trauma center geared to the complicated needs of children with multiple injuries. "Trauma is a long neglected disease and a leading cause of injury and death in children," Azizkhan says. Part of this effort focuses on establishing links between all the state's critical care center.
- Expanding the successful renal transplant program. Because of improved technology, kidney transplants can be done on children weighing as little as 20 pounds.
- Exploring the feasibility of developing an Extra Corporeal Membrane Oxygenation program. ECMO is a highly technical treatment that utilizes the principles of cardiopulmonary bypass to treat certain types of reversible pulmonary diseases.
- Using a fiberoptic argon laser to clear acquired bronchial airway obstructions in newborns. "Until very recently, infants born with complications resulting in obstructed airways almost always died," Azizkhan says.
- Continuing to develop existing pediatric critical care services available through the neonatal intensive care and the pediatric intensive care units. "Increasingly, more children admitted to NCMH are gravely ill and must be cared for in a critical care unit," Azizkhan says.

Azizkhan and his colleagues are undaunted by the enormous challenges facing the pediatric surgical services program.

"Our plans for pediatric surgery are extremely ambitious—but the persistence, planning and hard work needed to meet these goals will create the very best in surgical and critical care services for children.

"We hope to create an environment for the finest clinical and research opportunities for medical school faculty, students and residents."

Group Unites Students With Common Concerns

By Katharine Henry

Teresa Anderson, 33, took the long route to medical school. She earned a master's degree in public policy worked for the U.S. Department of Agriculture, married and had a son before she decided to become a doctor.

Catherine Gordon, 23, took the short route. She entered UNC's medical school a few months after graduating from NCSU.

Both women are members of Women in Medicine, a group of medical students, faculty, residents and fellows at UNC. Despite their different backgrounds, Anderson and Gordon share problems and goals as second-year medical students and as women.

The group provides encouragement, support and a forum for issues concerning women and men in the medical community, faculty adviser Dr. Mary Jane Gray, says.

Anderson, the group's president this year, says Women in Medicine serves a different purpose for each member. She says that for her, joining Women in Medicine is a way to meet other female medical students and doctors who are also mothers.

"I didn't know of other women who had managed all the things I have to manage and still felt good about it," she says.

Catherine Gordon says Women in Medicine has helped her set aside time to talk to other women in the medical school. "The medical school curriculum really doesn't allow much time for that," she says.

Women in Medicine usually meets once monthly for a potluck supper and discussion or seminar, which usually is co-sponsored by another medical student group. There are no dues, and men are welcome to attend.

Second-year medical student Teresa Anderson (left) is president of Women in Medicine. Other medical students who have played key roles in the organization this year are (l-r): Steve Parker, Edwin Scott, Lisa Gholsten, Catherine Gordon and Pam Reitnauer.

The group began in 1979, died out after the 1984-85 school year and was revived in 1985-86, Gray says.

In addition to organizing meetings and seminars, members have compiled a directory of women on the medical faculty with descriptions of their professional and personal interests. The directory is useful for students looking for advisers, but also can be a source of encouragement.

"It gives the students role models to let them see it is possible to come out of medical school and still be a human being," Gray says.

Two of the most frequent issues discussed at Women in Medicine meetings are child care and society's expectations about motherhood, says Anderson. "In this society, being a mother is different from being a father," she says.

Even some female doctors think a woman can't be a good doctor and a good mother, she says. "All women aren't supportive of the multiple roles of women in medicine."

Although Anderson is one of three mothers in her class, and one of a few women attending UNC's medical school while raising children, she says the issue of juggling a medical career and a family is important to most medical students. Many unmarried students know they must make choices about career and family responsibilities.

One of last year's seminars, "Having It All," featured four women faculty members

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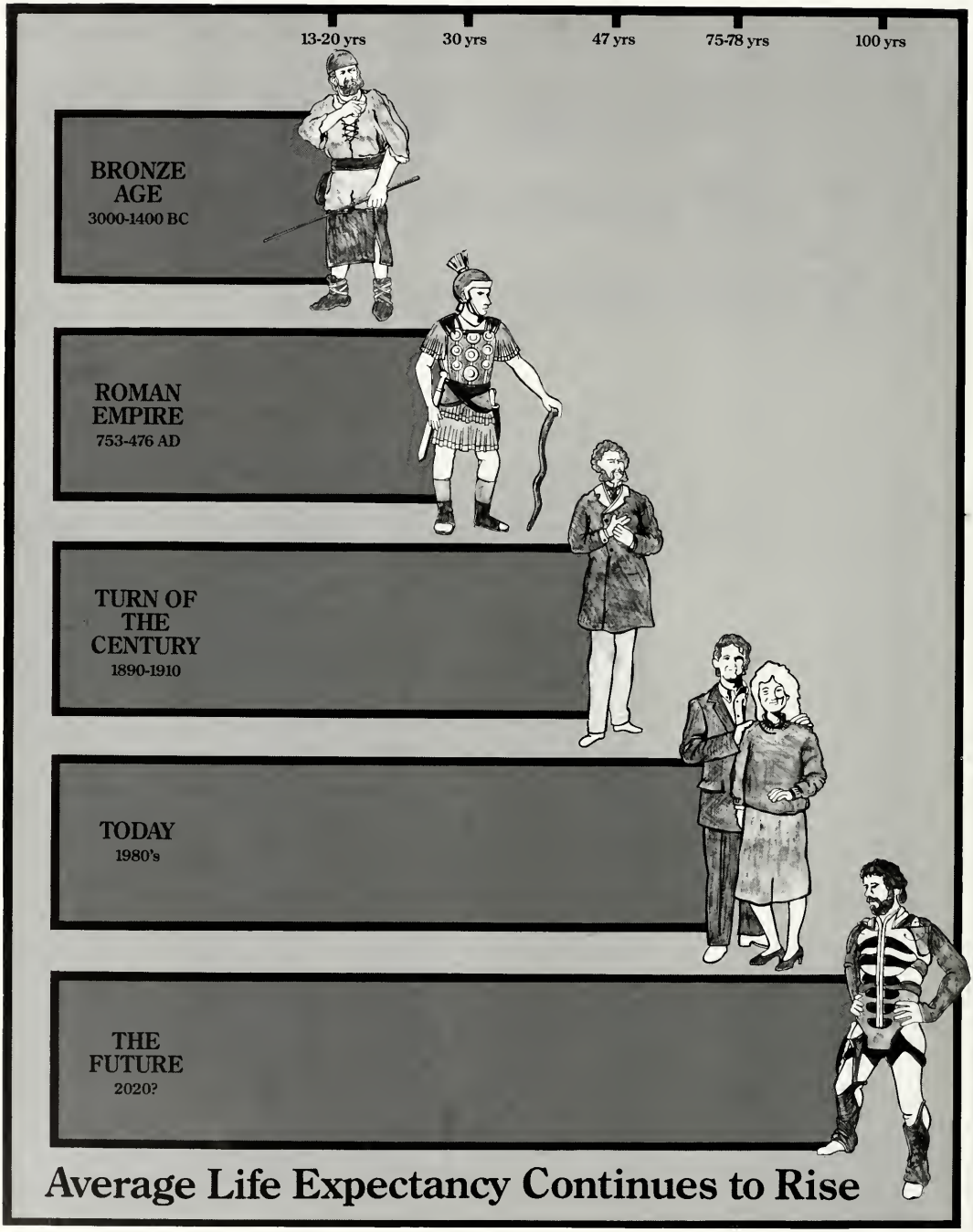


Average Life Expectancy Continues to Rise

Program Reflects "Successful Aging" Theme

By Mark E. Williams, M.D.
Director, UNC-CH School of Medicine
Program on Aging

Over the past 50-75 years an almost invisible transformation has taken place in the composition of American society. These remarkable demographic changes grow more compelling with each census. For example, a baby born today in North Carolina Memorial Hospital has a 50-50 chance of living beyond the age of 75. (A baby girl has a 50 percent chance of living beyond the age of 78; a baby boy, to age 73.) At the turn of the century the average life expectancy was 47. In the days of the Roman Empire a baby had a 50-50 chance of living to 30. In the Bronze Age the life expectancy was 18-20, on average. Thus, for the first time in human history, people can expect to live well into their 70s.

The rate of change is also staggering. Every day in this country, there are 1,000 additional people over the age of 65 added to the U.S. census. And each day, 5,000 people celebrate their 65th birthday, while 4,000 over the age of 65 die. The age group 85 years and older is the fastest growing segment of American society. Between 1970 and 1980 North Carolina moved from 45th in its rate of aging to 8th.

These profound demographic changes have created significant challenges to society and to the health care system. One such challenge is the delivery of responsive and effective health care to a rapidly aging population which uses a significant quantity of health resources. Another important challenge is the smashing of negative stereotypes about aging and old people.

The Program on Aging at the University of North Carolina School of Medicine is a natural place to help meet these important societal challenges. The overall objective of our Program on Aging is excellence in serving older people. This goal, in the academic setting, includes important teaching and research responsibilities, while never overlooking medical needs or broader human concerns. Important groundwork for the program has been laid in the past eight years, and an exciting period of growth is anticipated for the future.

Successful aging... celebrates the fact that as people grow older they grow in value and importance to society.

A concept central to the program is the idea of "successful aging." This theme celebrates the fact that as people grow older they grow in value and importance to society. In addition, this theme acknowledges broad physiological, emotional and mental changes that take place with the passage of time.

Successful aging is contrasted with the prevalent stereotypes of older people: our mistaken notions that with aging comes progressive infirmity, disability and dependency upon others.

The future of the program promises growth in patient care, education and research activities. We will work closely with clinical departments such as internal medicine, family medicine, neurology, surgery, psychiatry and allied health and with other schools on the UNC campus to develop a system of care with the basic goal to promote health and to reduce disability.

We share the conventional view that an effective system of care should maximize independence, and promote creativity, well-being and happiness for all older people. Developing a system that provides effective access to health care is also an urgent priority.

In the area of education, we hope to provide state-of-the-art information to students, trainees, practitioners and the public to help prevent stereotyping of older people and to increase appropriate use of community services and resources. Again, the successful aging theme will be stressed. Health promotion and disease prevention activities will be an important component of our educational agenda.

Many exciting research initiatives are planned. We will work to encourage collaboration between basic and applied scientists. Some items on the research agenda include exploration of the determinants of independence, such as preventing disability or reducing discomfort, and on the psychological aspects of success. Studies exploring the basic mechanisms and interactions of aging and disease will also be initiated. We hope

to develop a research clearinghouse so that scientists and educators have a central place to go for state-of-the-art information.

Community projects offer special opportunities. The program hopes to interact with various community agencies and groups to provide assistance in home care activities, retirement communities, peer group activities and other projects.

Finally, exciting plans are underway to help disseminate information regarding aging and geriatric care through the Area Health Education Centers program. This extensive outreach activity through AHEC offers great promise for spreading information throughout the state. We are particularly enthusiastic about developing a partnership with AHEC because of the opportunity to learn from practitioners in the state about their successes in geriatric care and about their needs for delivering more effective geriatric care.

In summary, my basic goal as director is to make the UNC School of Medicine's Program on Aging a significant resource for the University, the Chapel Hill community, the state of North Carolina, and the nation. This responsibility attracted me because I am dedicated to the overall goals of the program: excellence in serving older people and especially the citizens of this state. With time, effort, and sufficient resources there is a realistic possibility that these plans and goals will be realized. The strong professional resources and excellent research facilities here on the UNC campus, and the effective AHEC system for statewide outreach create an environment that fuels my optimism and enthusiasm.

We will all benefit from the health care system we create for the future. In that sense, we will get the kind of geriatric care that we plan for and deserve. It is my conviction that we all deserve the very best.

Group Unites

(continued from page 5)

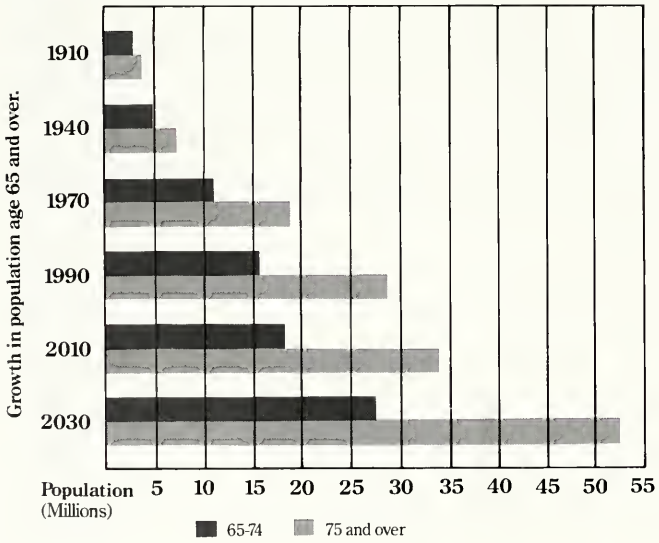
who have built successful careers while raising families and pursuing other interests. Gordon says that she found the seminar inspiring but that some students had found it discouraging.

"One said to me, 'It just makes me weary to think I have to have it all,' " Anderson says.

In response to such reactions, the group organized another seminar, "Not Having It All," with speakers who had chosen not to have children, had chosen to work part-time while their children were young or had chosen to take time off to spend with their children.

Other seminars have addressed problems common to medical students, including one on sexuality and another on how to talk to patients about sexual matters. "Our strategy is to have a broad base of interest among women and men," Anderson says.

(Reprinted with permission from the Raleigh *News and Observer.*)



Mark Williams

Dr. Mark E. Williams joined the faculty of the School of Medicine in 1985 as an assistant professor of medicine and medical director of North Carolina Memorial Hospital's Geriatric Evaluation Clinic. In 1986 he was named co-director of the Geriatric Education Center, and in September 1987, he became director of the medical school's Program on Aging.

Williams attended UNC-CH as a Morehead Scholar, receiving his undergraduate degree in 1972. He earned his medical degree from the UNC School of Medicine in 1976 and was a house officer at Memorial Hospital. After completing the prestigious Robert Wood Johnson Clinical Scholars program in 1980, he studied at the University of Rochester School of Medicine through a fellowship in geriatric medicine.

The author of numerous scholarly works on aspects of geriatric medicine, Williams' work in the field has earned him international recognition.

Joint Degree Produces Clinically Trained Academicians

By Christopher Allman

Students who plan to pursue post-graduate degrees usually know well in advance what types of degrees they want. For example, some are lured to medicine and the dream of treating patients—a dream that carries them through college and into medical school.

Other advanced-degree students seeking health careers are drawn to the laboratory, choosing to concentrate their studies in some area of basic science.

A program at UNC-Chapel Hill combines the educational and technical experiences of the researcher with the clinical training of the physician. It is the M.D.-Ph.D. degree offered jointly by the School of Medicine and the Graduate School. The consolidated degree program produces clinically trained, medically qualified individuals prepared for careers in academic medicine.

Two students are admitted to the program annually. Currently, 12 people are working toward completion of this relatively new course of study.

During the first year of the seven-year program, M.D.-Ph.D. candidates complete required basic science course work. Each student also begins laboratory research and selects a basic science preceptor who provides guidance and assistance throughout the educational experience.

In subsequent years, students work on medical school course requirements and clinical experience, while at the same time continuing laboratory research and work on their doctoral dissertations,

Dr. Philip Manire, director of the program, says emphasis at UNC on the graduate school component of the curriculum before beginning the medical school experience distinguishes the Carolina program from other M.D.-Ph.D. curricula.

"I believe this sequence has a greater impact on the research-oriented student, since the plan allows the foundation of the program to begin with research," Manire says. "It's the structured format of the curriculum that makes the program distinctive."

Dr. Philip Manire

The National Institutes of Health offers financial grants for M.D.-Ph.D. programs nationwide, although currently the UNC plan is operating independent of NIH assistance. Manire hopes eventually to gain NIH support for UNC students.

"Funding to the amounts that the NIH can give—$25,000 per student per year—is crucial, because money is needed to be competitive. Students committed to doing this type of work are few; often money is the final determinant when deciding on schools."

UNC is one of the few public institutions that offers a formal M.D.-Ph.D. combined degree.

"Universities with M.D.-Ph.D. curricula are instructing the next generation of clinical scholars. These medical researchers are needed to interpret the vast amount of knowledge being uncovered in the basic sciences," Manire says.

"As a public university, we have a responsibility to the medical world and to the research profession to supply our share of clinical scholars."

The M.D.-Ph.D. Degree	
YEAR 1:	Begin basic science course work in the Graduate school. Select a laboratory preceptor for the seven-year program.
YEARS 2-3:	Complete the first two years of medical school. Laboratory research continues.
YEARS 4-5:	Research dissertation.
YEAR 6:	Clinical clerkships in medicine.
YEAR 7:	Complete elective course work in clinical research.

Faculty Notes

In Brief. . .

Dr. Christopher C. Fordham, UNC chancellor and professor of medicine and social and administrative medicine, has been re-elected to a three-year term on the Governing Council of the National Academy of Science's Institute of Medicine.

Fordham

Dr. Larry Churchill, associate professor of social and administrative medicine, has published a book titled "Rationing Health Care in America." In his book, Churchill writes that access to health services is going to become the single most critical medical ethics issue in the United States in the next 20 years.

Dr. Walter E. Stumpf, professor of anatomy and pharmacology, received an honorary doctoral degree in human biological sciences from the University of Ulm, Germany. The degree recognizes Stumpf's contributions to the development of cell biological methodology.

Evans

Dr. Dwight L. Evans, associate professor of psychiatry and medicine, and director of the division of inpatient psychiatry, received a three-year grant from the National Institute of Mental Health.

Dr. Yung-Chi Cheng, professor of pharmacology and medicine, received a National Cancer Institute Outstanding Investigator Grant. Cheng will use the seven-year grant to research the development of anti-cancer and anti-viral compounds.

Dr. Cheryl F. McCartney, associate professor of psychiatry, has been named associate dean for student affairs. McCartney, who joined the medical school faculty in 1980, is adjunct associate professor of obstetrics and gynecology. Prior to her appointment, she was acting director of the psychiatry department's consult-liaison service.

McCartney

Dr. Stuart Bondurant, professor of medicine and medical school dean, has been appointed to the U.S. Department of Health and Human Services Commission on Nursing. Bondurant is one of only seven persons nationwide appointed to the commission, which will develop recommendations for improved recruiting and retention of nurses in the United States.

Dr. John C. Parker, professor of medicine, presented the Jacobs-Ponder-Parpart Memorial Lecture at the annual meeting of the national Biophysical Society in Phoenix.

Dr. Robert N. Golden, assistant professor of psychiatry, received support from the National Institute of Mental Health to study the role of serotonin in the development and treatment of depression.

Dr. Geoffrey Haughton, professor of microbiology and a member of the Lineberger Cancer Research Center immunology program, received a four-year grant renewal from the National Cancer Institute for his work with normal B lymphocytes and B cell lymphomas.

Dr. Mario Perez-Reyes, professor of pyschiatry and deputy director of the UNC Center for Alcohol Studies, will conduct a five-year study of how various combinations of alcohol and drugs affect humans. Some of the questions Perez-Reyes wants to answer are whether stimulants such as cocaine counteract the depressant effects of alcohol and whether alcohol and marijuana taken together influence people more than when the substances are taken separately.

Dr. Carl Gottschalk, Kenan Professor of medicine and physiology, is co-editor of two recently published books. The fourth edition of "Diseases of the Kidney", a three-volume, 3,600 page work, was published by Little, Brown and Co. Gottschalk edited the publication with Dr. Robert Schrier of the University of Colorado. The second book, "Renal Physiology: People and Ideas," was published by the American Physiology Society. Gottschalk edited the book with Drs. Robert Berliner and Gerhard Giebisch of Yale University. The second in a continuing series of books that traces the history of mankind's understanding of physiology, the work is part of the centennial celebration of the American Physiological Society.

Gottschalk

Dr. Eugene Mayer, professor of medicine and family medicine, has been reappointed director of the North Carolina Area Health Education Centers program, which is headquartered in the School of Medicine. Mayer has directed AHEC since 1978.

Mayer

Dr. George Johnson, professor and chief, division of general surgery, presented a paper to the 18th World Congress of the International Society for Cardiovascular Surgery in Sydney, Australia. He was also visiting professor at the Beijing Heart, Lung and Blood Vessel Medical Center, China.

Dr. Robert L. Peiffer, Jr., associate professor of ophthalmology and pathology, has received the Gaines Award. Recognized as the most prestigious award in veterinary medicine, it is given annually to one individual for signficant contributions tc veterinary medicine and surgery. Peiffer was recognized, among othe things, for his pioneering work in vitrectomy and in intraocular lens implantation in small animals.

Peiffer

Dr. J. Marc Rhoads, assistant professor of pediatrics, is one of three researchers statewide to receive a pilot feasibility grant from the Core Center in Diarrheal Diseases. Rhoades will study how glutamine promotes electrolyte and fluid absorption in acute viral diseases.

Dr. George F. Sheldon, Zack D. Owens Distinguished Professor of Surgery and department chairman, has been elected vice chairman and chairman-designate of the American Board of Surgery. Organized in 1937 to examine and certify candidates specializing in surgery, the board conducts and issues certificates of qualification. The board also improves and broadens the opportunities for the graduate education of surgeons. Sheldon's term as chairman begins next year.

Sheldon

Dr. J. Wilbert Edgerton, professor of psychiatry, is president-elect of the Mental Health Association of North Carolina, Inc. His term begins in 1989.

Dr. Robert Sandler, assistant professor of medicine and assistant director of the Core Center in Diarrheal Diseases, has received a four-year grant from the National Cancer Institute. Sandler's study will evaluate the role of diet and factors such as obesity, physical activity and cigarette smoking in the etiology of colon polyps.

Sandler

Dr. Ronald W. Helms, associate professor of biostatistics in the School of Medicine, was elected to the board of directors of the American Statistical Association. During his three-year term on the board, Helms will be responsible for the interests of the 3,000 members of the biopharmaceutical section in establishing organizational policy.

Four department chairmen in the School of Medicine have have been reappointed to new terms. They are: **Drs. Thomas F. Boat,** pediatrics; **David E. Eifrig,** ophthalmology; **Glenn Wilson,** social and administrative medicine and **Charles Hackenbrock,** cell biology and anatomy (fomerly the Department of Anatomy).

Dr. John D. Butts, associate professor of pathology in the School of Medicine, has been named the state's chief medical examiner. Butts, who is only the second person to hold the position, has been acting chief medical examiner for the past year. He succeeds Dr. Page Hudson, who resigned to teach and do research at East Carolina University.

Butts

Newsome

Leader in UNC Oncology Program Dead at 64

Dr. James F. Newsome, professor of surgery and a leader in the development of the medical school's oncology program, died January 29. He was 64. The first director of North Carolina Memorial Hospital's Tumor Clinic, Newsome also established the medical school's Central Tumor Registry. He was president of the Nathan A. Womack Surgical Society from 1985 to 1987. At the time of his death, he was president-elect of the American Association of Cancer Education. Newsome received his undergraduate degree in 1944 and his certificate of medicine in 1947, both from from UNC-Chapel Hill. He received his medical degree in 1949 from Vanderbilt University. Newsome joined the medical school staff in 1956.

Class Notes

Manning-Berryhill Club

A.F. Hammond Jr., M.D. '32, reports that he is living in New Bern and enjoying his eleventh year of "beautiful retirement."

Luther Kelly Jr., M.D. '46, received the Yater Award, which recognizes services and contributions to the group practice of medicine. An internal medicine specialist, Kelly is president of the Mecklenburg Medical Society and practices at the Charlotte Nalle Clinic.

60s

A. Everette James, Jr., M.D. '63, is chairman of the Acquisitions Committee of the Cheekwood Museum and Gardens in Nashville, TN. He has authored two books and a monograph on the scientific study of paintings.

James G. White, M.D. '63, is president-elect of the Florida Medical Association.

Gary R. Noble, M.D. '65, was awarded the Health and Human Service's top award for his work during a one-year tour of duty as the federal government's AIDS coordinator. He plans to return to the Center for Disease Control, where he will serve as deputy director of the CDC program on AIDS.

70s

Cheryl Thorne, M.D. '74, is a pathologist at Halifax Memorial Hospital, where she is medical director of the Hospital Laboratory. She lives in Roanoke Rapids.

Michael Barringer, M.D. '77, is part of a general surgery group practice in Shelby. He and his wife, Paula, have two children.

John R. Black, M.D. '77, is an assistant professor of medicine at Indiana University in Indianapolis. He has received NIH funding to study the pathogenesis of neisseria. He will also examine alternative therapy for pneumocystis carinii pneumonia in AIDS patients.

David Call, M.D. '77, practices diagnostic radiology at Morehead Memorial Hospital, where he chairs the credentials committee. He and his wife, Jane, have three daughters and live in Eden.

Rafael F. Coutin, M.D. '77, practices cardiology in Corpus Christi, TX. He and his wife, Mary, have one son.

Joseph E. Craft, M.D. '77, is assistant professor of medicine, division of rheumatology, at the Yale University School of Medicine in New Haven, CT.

Meyer E. Dworsky, M.D. '77, a neonatologist, is in private group practice in Alabama. He and his wife, Revelle, live in Birmingham with their son, and are expecting a second child.

Larry D. Eggert, M.D. '77, is an assistant professor of pediatrics, specializing in neonatology, at the University of Nebraska Medical Center. He and his wife, Joan, who is also a physician, plan to enter private practice in Ogden, Utah. The Eggerts live in Omaha.

R. Sue Ellis, M.D. '77, is medical director of the Washington County Hospital emergency department. She is also a clinical faculty member at Georgetown University. Ellis lives in Smithsburg, MD.

L. Brinkley Eure, M.D. '77, is board certified by the American Academy of Family Practitioners. He and his wife, Josie, live in Pulaski, VA, with their four children.

Ronald J. Falk, M.D. '77, practices nephrology at North Carolina Memorial Hospital. He and his wife, Katherine Huffman, M.D., live in Chapel Hill.

Joseph Fesperman, M.D. '77, practices family medicine at Wilkes Family Health Center. He and his wife, Sarah, have three daughters and live in Wilkesboro.

William Fulkerson, M.D. '77, is heading the medical intensive care unit at Duke University Medical Center. He and his wife, Mary, have two children and live in Durham.

William B. Harden, M.D. '77, is practicing internal medicine in Bluefield, WV, where he lives with his wife, Becky, and their two children.

J. Benford Hardin, M.D. '77, practices family medicine in Lumberton, where he and his wife, Debbie, live with their four children.

Marianna M. Henry, M.D. '77, is a pediatric pulmonary specialist at the UNC School of Medicine. She and her husband have one daughter and live in Chapel Hill.

G. William Henry, M.D. '77, is chief of pediatric cardiology at the UNC School of Medicine. His wife is Marianna Henry, M.D. '77.

William L. Isley, M.D. 77, is an assistant professor of medicine at the University of Missouri-Kansas City School of Medicine. He and his wife, Janet, have three children and live in Overland Park, KS.

George M. Johnston, M.D. '77, is an assistant professor of pediatrics in the division of infectious diseases at the University of Connecticut. He and his wife, Deborah, have twin sons and live in East Meadow, NY.

Wade T. Jordan, M.D. '77, practices nephrology and internal medicine at the Medical Arts Clinic in Corsicana, TX.

Michael A. Karr, M.D. '77, practices orthopaedics in Florida. He and his wife, Joanne, have two children and are expecting a third in January. They live in Kissimmee, FL.

Sandra A. Kendall-Morris, M.D. '77, is in a pediatric and adolescent medicine private practice in Gaithersburg, MD. She has two children.

L. Lyndon Key Jr., M.D. '77, is an assistant professor of pediatrics and medicine at the Bowman Gray School of Medicine. He and his wife, Janice Dixon Key, M.D. '80, have two daughters and live in Winston-Salem.

Judith Littlejohn, M.D. '77, heads the cardiovascular division of Burroughs Wellcome Co., where she is a clinical researcher. She and her husband, Hawk, have two children and live in Prospect Hill.

Fred Mabry, M.D. '77, is part of a four-person pediatric group practice in Laurinburg, where he lives with his wife, Janice. The Mabrys have two children.

Donald P. McCurdy, M.D. '77, is an ophtholmologist in group practice in Charlotte. He and his wife, Beth, have two children.

Warren H. Moore, M.D. '77, is an assistant professor of radiology, specializing in nuclear medicine, at Baylor College of Medicine in Houston. He and his wife, Jo Beth, have two children and live in Sugar Land, TX.

H. Grady Morgan, M.D. '77, is one of four pediatricians in the Children's Clinic in Wilmington. He and his wife, Denise, have two sons.

Robert Munt, M.D. '77, practices general pediatrics in Raleigh. He and his wife, Marty, have two sons.

Paula A. Nelson, M.D. '77, practices diagnostic radiology at Raleigh Community Hospital. She and her husband, Arthur, have one son.

Steven R. Nesheim, M.D. '77, is a pediatric infectious disease specialist in Stone Mountain, GA, where he lives with his wife, Wendy.

Scott H. Norwood, M.D. '77, is director of critical care services at Carle Foundation Hospital in Illinois. He is assistant professor of surgery at the University of Illinois College of Medicine at Urbana/Champaign. He and his wife, Molly, have four children and live in Champaign.

Melinda Paul, M.D. '77, is associate child health director for Guilford County. She teaches out-patient pediatrics to residents at the Moses Cone Memorial AHEC program. She and her husband, Eddie Paul, M.D., have two children and live in Greensboro.

Jesse Pittard, M.D. '77, is with Smithfield Family Practice in Johnston County. He and his wife, Cindy, have one son.

Michael L. Pool, M. D. '77, is in practice at the Tennessee Psychiatry and Psychopharmacology Clinic, P.A., in Knoxville, with three other UNC-trained psychiatrists. He and his wife, Dale, have two sons.

Duncan Postma, M.D. '77, has a private practice in Tallahassee, FL.

Catherine Radovich, M.D. '77, practices general and intensive care medicine on a Navajo Reservation in Arizona. She lives in Fort Defiance, AZ.

Keith Ramsey, M.D. '77, is in the department of infectious diseases and virology at the University of Texas Medical Branch. He and his wife, Beth, have one son and live in Galveston.

L. Alvin Raynor, M.D. '77, is a surgical ophthalmologist with the Morganton (NC) Eye Physicians.

Steven Riantadosi, M.D. '77, is an associate professor of oncology and biostatistics at Johns Hopkins Oncology Center in Baltimore. He and his wife, Bonnie, have two children and live in Rockville, MD.

Ron Roberts, M.D. '77, practices general internal medicine in Greensboro.

William Ryan, M.D. '77, is a cardiovascular and thoracic surgeon in Dallas, TX. He and his wife, Janice, have three children.

Sally F. Shu, M.D. '77, has a solo practice in otolaryngology in Kingswood, TX. She and her husband, Steve, have two daughters.

C. Gregory Smith, M.D. '77, is a medical epidemiologist in the NC Division of Health Services. He and his wife, Linda, live in Efland.

Ellen B. Smith, M.D. '77, is a gynecology/oncology specialist in private practice in Austin, TX.

John B. Smith, M.D. '77, is chief-of-staff at Sampson County Memorial Hospital. He is a family practitioner at Clinton Medical Clinic and has a rural primary care practice. He and his wife, Jane, have four children.

Howard J. Stang, M.D. '77, is a part of a three-person pediatric practice in a large HMO in Minnesota. He and his wife, Jill, have three children and live at White Bear Lake.

John H. Stanley Jr., M.D. '77, was associate professor of radiology at the Medical University of South Carolina before entering private practice at New Hanover County Memorial Hospital in Wilmington. He and his wife, Tricia, have two daughters.

G. Alan Stoudemire, M.D. '77, recently published his first book, *Principles of Medical Psychiatry,* and is an associate professor of psychiatry at the Emory University School of Medicine, Atlanta.

Michael Ward, M.D. '77, practices emergency medicine at Cape Fear Memorial Hospital, Wilmington. He and his wife, Deborah, have two children.

Christopher M. Wise, M.D. '77, is on the faculty of the rheumatology department at Bowman Gray School of Medicine. He and his wife, Roxie, have one son.

Judy Jordan, M.D. '79, is in her third year of private practice with a multispecialty group in Sun City, AZ. She lives in Phoenix.

80s

Joseph P. Hatem, M.D. '82, is practicing internal medicine with Neal Thompson, M.D. '84, in Wilmington.

Eddie L. Smith, M.D. '84, a National Health Service Corps physician, was named clinical director of the Public Health Hospital in San Carlos, AZ.

David Janeway, M.D. '85, is a resident in orthopaedic surgery at Baptist Hospital in Winston-Salem.

Deaths
Corbett E. Howard, M.D. '23
John S. Rhodes, M.D. '27
Robert B. Lindsay, M.D. '38
Eugene F. Namer Sr., M.D. '39
John P. Elliott, M.D. '40
James F. Newsome, M.D. '47
Irwin E. Vinnik, M.D. '57
Phillip C. Wood, M.D. '77
Gilbert J. Cuthbertson, M.D. '83
Megan C. Danton, M.D. '83

Henley Heads State's Family Practitioners

Douglas E. Henley, M.D. '77, of Fayetteville, was elected president of the North Carolina Academy of Family Physicians. At age 36, he is the youngest doctor to hold this position.

Henley says his election "reflects the ability of our Academy to blend the wisdom of experience from those before us and the energy and enthusiasm of youth."

Henley says his goals as president of the Academy include increasing membership and gaining governmental support for reimbursements for family physicians.

"The Academy needs to be more proactive in health care issues such as patient education, AIDS and teenage pregnancy," he says.

News Briefs

Class Statistics for 1987

Statistics from the admissions office show that the UNC School of Medicine accepted 160 students for the class that entered in August 1987, from a pool of 1,894 applicants. There were 136 fewer applications this year than in 1986.

Dr. William Bakewell, associate dean for student affairs says this trend toward fewer admissions ". . .can be seen nationwide. Medical schools nationwide have reported a 34 percent decrease in applications since 1974, the year in which the number of medical school applicants peaked."

Bakewell also notes that in choosing UNC, a large number of applicants felt that the nature of the student body and the quality of student life in the medical school was of major importance. This, coupled with an affordable tuition rate, made the UNC program appealing to many students.

Students also indicated that their decision to attend UNC was influenced by the school's superior reputation and a curriculum suited to their career goals.

The following statistics profile the Class of 1991:

- Of the 160 persons enrolling at UNC, 145 were in-state and 15 were out-of-state students.
- The class is comprised of 98 males and 62 females.
- Blacks make up 13 percent of the class; four percent of the class is Asian.
- While the average student age is 21, the youngest is 20, and the oldest is 44; 15 students are in their 30s.
- 63 percent of the students were also accepted by at least one other medical school.
- The average grade point average is 3.3; MCAT scores are comparable with those of previous years.
- Science majors make up 69 percent of the class.
- Students in the class come from more than 50 different colleges and universities; 65 are graduates of UNC-CH, while 12 are from Duke, 12 from NC State and 11 from Davidson.

Other highlights of the last quarter in the School of Medicine include:

UNC Researchers Part of Clinical Evaluation Program

The National Cancer Institute has awarded a four-year, $3.28 million grant to researchers from UNC-Chapel Hill and from the University of Illinois at Chicago to evaluate 50 national community clinical oncology programs. Scientists from the Lineberger Cancer Research Center and the Health Services Research Center are collaborating on the study with scientists from the Survey Research Laboratory in Illinois.

Medical Student Gets Grant For Ear Research

Third-year medical student Richard J. Triana is recipient of a research grant from the Deafness Research Foundation of New York. The $13,500 grant, made possible by the Burroughs Wellcome Fund of Research Triangle Park, is part of a Deafness Research Foundation program that enables third-year students to start careers in ear research. Triana is attempting to characterize blood flow in the ear drum and middle ear bones.

Triana

University to Participate in AIDS Study Network

UNC-Chapel Hill is a participant in the National Institute of Allergy and Infectious Diseases Clinical Studies Group Network, a group of 17 institutions nationwide developing new treatments for AIDS. Over the next five years, the University will receive $8.4 million from the institute. The funds will be used to pay for a new core laboratory facility and for six major projects related to AIDS research.

Fall Festivities Bring 200 Alum to Chapel Hill

A sunny, brisk weekend of pig-pickin' activities and Tarheel football brought more than 200 UNC alumni and their families to Chapel Hill in November for the Medical Alumni Association's Family Fall Weekend.

Davis

Meetings of the Visiting Committee and Council kicked off the weekend. At the visiting committee meeting Friday afternoon, three new department chairmen were introduced, along with the new director of the School of Medicine's Program on Aging.

Drs. Joel Tepper, chairman of the newly-created department of radiation oncology; Robert Briggaman, chairman of dermatology, and Kenneth Reeb, chairman of family medicine, made brief presentations about the current status and future plans for their respective departments.

Dr. Mark Williams, director of the Program on Aging, talked about the goals and some of the research aims of this area.

On Saturday, Durham surgeon James E. Davis, president-elect of the American Medical Association, joined fellow UNC alumni for a series of presentations and discussions with the theme "The Medical Profession and the Patient: Changing Concepts in Care."

Davis spoke on "American Medicine Today and in the Future." Other presentors included Dr. George Sheldon, chairman of the surgery department, who talked on "Financing of Graduate Medical Education—Our Future;" and Dr. Andrew Greganti,

chief of the division of general medicine and clinical epidemiology, whose presentation focused on "Teaching in the Ambulatory Setting."

A pig pickin' and the UNC-Duke football game wrapped up Saturday's activities. More photos of the Fall Alumni Weekend appear in the Honor Roll section, found at the end of the magazine.

Million Dollar Grant Goes to Physical Therapy Division

The physical therapy division in the department of medical allied health professions, School of Medicine, has received a $1 million grant for advanced training of physical therapists who work with mothers and children.

The five-year grant from the U.S. Public Health Service represents the largest single increase in funding for the division since it was established 20 years ago, says Darlene Slaton, division director. The grant will fund a program that gives "additional training for the development of leaders who will be better qualified to affect positive change in the delivery of services to infants and children, and to train others in pediatric practice," according to Slaton.

Other activities the grant will fund include continuing education programs for therapists and members of other disciplines involved in the health care of mothers and children, as well as an interdisciplinary elective course for medical, allied health and nursing graduate students.

Plans Announced for Breast Cancer Program

Planning has been initiated for a new breast cancer program at UNC's Lineberger Cancer Research Center. The program is one of the first in the United States to combine patient treatment and interdisciplinary research at a single location. Dr. Howard Ozer, UNC professor of medicine and associate director of clinical affairs at the Lineberger Center, said the program—expected to be "like a cancer center within a cancer center"—will allow patients to receive treatment "in a very focused fashion." To endow the new program, Lineberger officials have started a statewide campaign to raise $1 million. Honorary chairman of the campaign is Kay Yow, women's basketball coach at N.C. State University.

School of Medicine faculty members traveled to Kenya in February to teach at the 9th International Conference for Continuing Medical Education. Pictured are (front row, left to right) Drs. Cindy Howard, who practices in Nigeria; Albert Collier, professor of pediatrics and chief of the infectious diseases division; and (back row, left to right) Drs. William Heizer, professor of medicine; Hank Lesesne, associate professor of medicine; and Dwight Hedgepath, who practices in Nigeria. UNC medical school alumni, Howard ('80) and Hedgepath ('72) were among the 170 medical missionaries attending the conference.

A Salute To Our Donors

The Medical Center at UNC-Chapel Hill has been sustained over the years by thousands of friends who, through their financial support, have helped the Center grow into one of the outstanding medical facilities in the Southeast. These friends are represented by medical alumni, friends, foundations and corporations. This Honor Roll Issue of the Bulletin is dedicated to those who during the past year have supported a variety of programs at the School of Medicine.

The Medical Foundation of North Carolina, Inc. is the depository of funds raised on behalf of the Medical Center. For the first time in its history, private contributions to the Foundation exceeded $3 million. Specifically, $3,056,227 was raised during the fiscal year ending June 30, 1987.

Participation of medical alumni this year has been especially signficant: 1,356 alumni contributed a total of $731,490. Of special interest was the establishment of professorships by Max Novich '39 and James M. Alexander '31.

What appears on the following pages is a different format for the honor roll this year. The new format allows a more detailed identification of donors and the programs to which they have contributed. All medical alumni are listed by class; alumni names are followed by an abbreviation of the program or programs through which they contributed: **LF** (Loyalty Fund), **CO** (Co-Founders Club) or **SP** (Special Programs). These abbreviations are also used to designate type of donations made by friends, corporations and foundations.

The **Loyalty Fund** is the sole means of support of the Medical Alumni Association. Contributors to the Fund provide unrestricted monies for student scholarships and programs, publication of the Medical Alumni Bulletin and association activities such as Alumni Weekend.

The **Co-Founders Club** is an unrestricted gift club established in 1966. Its members support vital projects of the School of Medicine through unrestricted annual gifts of $1,000 or more.

The **Special Programs** category includes donations that support a variety of efforts, including the Jaycee Burn Center, the Lineberger Cancer Research Center, the UNC Mulitpurpose Arthritis Center, scholarships and similar endeavors.

In compiling the Honor Roll list, the Medical Foundation Office has made every effort to ensure accuracy. If errors or omissions have occurred, we apologize in advance.

(Photos in this section by Dan Crawford.)

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Ms. Donna Whitt, Greensboro SP
Mr. & Mrs. James C. Whitten, Salisbury SP
Mr. & Mrs. Charles L. Wickham, Charlotte SP
David R. Wiese, Valdese SP
Ms. Nina R. Wiggins, Charlotte SP
Tim Wilcosky, Chapel Hill SP
Dr. Benson R. Wilcox, Faculty CO
Mrs. Benson R. Wilcox, Chapel Hill CO
Dr. Judson V. Wilder, Jr., Jonesboro, GA SP
William L. Wiley, Chapel Hill SP
Mr. & Mrs. Charles V. Wilkerson, Jr., Greenville SP
Mr. Charles A. Wilkins, Greenville, SC SP
Mr. & Mrs. Samuel Wilkinson, Valdese SP
Mrs. Ann Williams, Chapel Hill SP
Mrs. Betsy C. Williams, Roanoke Rapids SP
Ms. Beverly Williams, Cary SP
Mr. & Mrs. Clyde I. Williams, Camden, SC SP
David & Nancy Williams, Greensboro SP
Mr. Gordon Williams, Jr., Greenville, SC SP
Hilda Q. Williams, Julian SP
Jonathan D. Williams, Memphis, TN SP
Dr. Paul F. Williams, Burlington SP
Peter P. Williams, Raleigh SP
Princess S. Williams, Durham LF
Ethel F. Williamson, Charlotte SP
Mr. Harrison H. Williamson, Fayetteville CO
Mr. & Mrs. Steven Willet, Flushing, NY SP
Mrs. C. Wilson, Greenville SP
Mr. C.T. Wilson, Durham SP
Mr. George D. Wilson, Fayetteville SP
Dr. & Mrs. Glenn Wilson, Chapel Hill SP
Mr. Hubert C. Wilson, Wilson SP
Mr. & Mrs. James C. Wilson, Jr., Gastonia SP
Mr. & Mrs. Marvin P. Wilson, Jr., Raleigh SP
P.O. Wilson, Jr., Valdese SP
Mrs. Madeleine Windrow, Brownsville, TN SP
Mrs. J. Emmett Winslow, Hertford SP
Mr. Julian E. Winslow, Jr., Hertford SP
Berl P. & Alice J. Winston SP
Mr. & Mrs. Charles M. Winston, Raleigh SP
Mr. & Mrs. Philip Wirchansky, Greensboro SP
A.L. & Diane Wise, Greensboro SP
Mary Alice Wither, Drexel SP
Charles & Nell R. Wood, Edenton SP
Dr. David R. Wood SP
Mr. & Mrs. Fred Wood, Raleigh SP
Mr. & Mrs. James T. Wood, Greensboro SP
Mr. & Mrs. John Gilliam Wood, Edenton SP
Ms. Nancy T. Wood, Edenton SP

Mr. T. Benbury H. Wood, Edenton SP
Mrs. Winifred J. Wood, Camden SP
Beverly Woodard, Wilson SP
Mr. & Mrs. Louie E. Woodbury, Jr., Wilmington CO SP
Richard Woodbury, Wrightsville Beach SP
Mr. C.C. Woods, Jr., Durham SP
Mrs. Ruth L. Woodson, Raleigh SP
John H. & Harriet M. Woolard, Edenton SP
Mr. Frank M. Wooten, Jr., Greenville SP
Ms. Patricia B.D. Woronoff, Ann Arbor, MI SP
Alexander Walker Worth, Chapel Hill SP
Mr. & Mrs. Randolph Worth, Raleigh SP
Dr. & Mrs. James Wortman, Wilmington SP
Dr. & Mrs. David O. Wright, Edenton SP
Mr. & Mrs. Richard Wright, Durham SP
Mr. Thomas E. Wright, Greensboro SP
Thomas H. Wright, Jr., Riegelwood SP
Mrs. Walter Wright, Kinston SP
Carolyn D. Wynn, Raleigh SP
Mrs. Thomas R. Wynne, Greenville, SC SP
Dr. James Yankaskas, Faculty SP
Mrs. James Yankaskas, Chapel Hill SP
Sue Yates, Asheboro CO
Mr. Lloyd Yonce, Chapel Hill SP
Dr. & Mrs. James York, Jr., Faculty SP
Ann & Eddie Yost, Greensboro SP
Mr. & Mrs. Charles P. Younce, Greensboro SP
Darlene Young, Greensboro SP
Mrs. John A. Young, Charlotte SP
Dr. & Mrs. P.B. Young, III, Greenville SP
Dr. Peter R. Young, Greensboro CO SP
Smith H. & Elizabeth Young, Henderson SP
Mrs. Wayne E. Young, Portsmouth, OH SP
Mr. E.R. Zane, Greensboro CO
Dr. & Mrs. Henry Zaytoun, Raleigh SP
Mr. & Mrs. Joseph Zaytoun, Cary SP
Robert R. Zerden, Dunwoody, GA SP
Marvin Zerden, Hickory SP
Mr. & Mrs. Edward Zides, Rosedale, NY SP
Ms. Sadie Ziegler, San Diego, CA SP
Ms. Marion T. Zimmerman, Albertson, NY SP
Drs. Victor & Rebecca Zinn, Chapel Hill SP
Mr. & Mrs. A.A. Zollicoffer, Jr., Henderson SP
Mr. & Mrs. Irving Zwicker, San Diego, CA SP

Honor Roll Alumni

Class Of 1918
Russell O. Lyday, Greensboro LF

Class Of 1919
Kenneth B. Geddie, DSA '73, High Point LF

Class Of 1923
Herbert T. Kelly, Philadelphia LF

Class Of 1925
J. Donald MacRae, Dunedin, FL SP

Class Of 1927
John S. Rhodes, DSA '63, Raleigh LF CO SP

Class Of 1928
M.D. Bonner, DSA '55, Greensboro CO SP
A.C. Dick, Chestertown, MD SP
Zack D. Owens, Elizabeth City CO
Charles W. Robinson, Jr., Charlotte LF
S. Glenn Wilson, Sr., Angier LF

Class Of 1929
Vance T. Alexander, Ridgewood, NJ LF
Harry L. Farrell, Philadelphia, PA LF
Paul K. Perkins, Chapel Hill LF

Class Of 1930
Hubert L. Clapp, Swannanoa LF
Roscoe Bennett Gray Cowper, Big Spring, TX CO
Charles P. Graham, Wilmington LF CO SP
Rufus R. Little, Hohokus, NJ LF
Carroll Lupton, Greensboro SP

Class Of 1931
James M. Alexander, DSA '67, Charlotte CO SP
Albert E. Barnhardt, Kannapolis SP
Ralph B. Garrison, Hamlet LF SP
Charles H. Gay, Charlotte SP
Henry C. Harrill, Greensboro LF
Jean C. McAlister, Greensboro CO
William S. Wall, Rocky Mount LF CO SP
James A. Whitaker, Rocky Mount CO

Class Of 1932
Alfred F. Hammond, Jr., New Bern LF
Edward B. Kidd, Jr., N. Miami, FL LF
Mary Margaret McLeod, DSA '77, Sanford CO SP
Fletcher D. Sain, Rocky Mount LF
Robert E. Stone, Evanston, IL LF
Thomas J. Taylor, Roanoke Rapids LF

Class Of 1934
Archie L. Barringer, DSA '73, Mt. Pleasant LF SP
William L. Bundy, Wilkesboro SP
June U. Gunter, Durham LF CO
Willis B. Mitchell, Hendersonville LF
Carl L. Pigman, Whitesburg, KY LF
Jean R. Stifler, Baltimore, MD LF
Thomas C. Worth, Raleigh SP

Class Of 1935
Frank Edmondson, Asheboro CO
Julien H. Meyer, Sr., Roanoke, VA LF
M. Eugene Street, Glendon SP

Class Of 1936
Samuel B. Balis, South Orange, NJ LF
Sherwood W. Barefoot, Greensboro LF
Leo Esbin, Wantagh, NY LF
Landis P. Mitchell, Spindale CO
Laura Ross Venning, Chapel Hill LF
Annie Louise Wilkerson, Raleigh CO SP

Class Of 1937
Elizabeth J. Dotterer, Sanford LF
Arthur I. Sim, Arlington, VA LF
W. Alva Van Nortwick, Jacksonville, FL LF

Class Of 1938
Olivia Abernethy, Winston-Salem LF
Thomas W. Crowell, Bellingham, WA SP
John C. Grier, Jr., Pinehurst LF

Class Of 1939
Jesse Appel, Kew Gardens, NY LF
Jesse B. Caldwell, Jr., DSA '83, Gastonia SP
Henry T. Clark, Jr., Chapel Hill CO SP
Eugene F. Hamer, Monroe LF
Max M. Novich, DSA '72, South Orange, NJ CO SP
Edwin Albert Rasberry, Wilson SP
Thomas G. Thurston, II, Salisbury SP

Class Of 1940
H. Haynes Baird, Charlotte CO
Phil L. Barringer, Monroe LF
Inez W. Elrod, Huntersville LF
Walter Graham, Charlotte SP
Henry C. Guynes, Jr., Rockwall, TX LF
Walter C. Hilderman, Charlotte SP
H. Lee Large, Matthews CO SP
French H. McCain, Bloomfield Hills, MI LF
Samuel Parker, Kinston SP
George B. Patrick, Jr., Silver Springs, MD LF
David L. Pressly, Statesville LF
John L. Ranson, Charlotte SP

Class Of 1941
Jack Hughes, DSA '87, Durham LF
John B. Riggsbee, Louisville, TN LF
Foyell P. Smith, Lexington CO
Frederick L. Tunick, Neposit, NY LF

Class Of 1942
Jerry H. Allen, Jr., Springfield, MO LF
Frederick A. Blount, Winston-Salem LF SP
O. Watts Booth, Newport News, VA LF
Alfred N. Costner, Johnson City, TN LF CO
James E. Davis, DSA '68, Durham LF
Hillard Gold, Miami Beach, FL LF
H. William Harris, DSA '73, Garden City, NY LF
William E. Hoy, Jr., Ashland, KY LF SP
John H. Miller, Barton, FL SP
James D. Piver, Jacksonville LF
George W. Plonk, Kings Mountain LF
William Tenenblatt, Silver Spring, MD LF

Class Of 1943
Joseph W. Baggett, Fayetteville CO
Julian T. Brantley, Greensboro LF
John R. Chambliss, Jr., DSA '69, Rocky Mount CO
David S. Citron, DSA '75, Matthews LF SP
James B. Greenwood, Jr., Charlotte LF SP
William N. Hubbard, Jr., DSA '62, Hickory Corners, MI LF SP
William F. Hutson, Northbrook, IL LF
George L. Jordan, Jr., DSA '83, Houston, TX LF
George E. Koury, Burlington LF
Alexander C. Mitchell, Frenchtown, NY SP
Sarah T. Morrow, DSA '74, Raleigh LF
Frank R. Reynolds, DSA '78, Wilmington LF SP
Kenneth W. Wilkins, Goldsboro CO

Class Of 1944
J. Vincent Arey, Concord LF
Truett V. Bennett, Honolulu, HI LF
Douglas H. Clark, Lumberton LF
Earl Corrett, Kannapolis SP
J. Stuart Gaul, Charlotte SP
Francis Parker King, New Bern SP
Allen H. Lee, Selma LF
Clarence M. Miller, Sewickley, PA SP
S. Malone Parham, Henderson LF
Margaret C. Swanton, DSA '86, Clinton LF SP
Edwin J. Wells, Wilmington LF

Class Of 1945
G. Walker Blair, Jr., Burlington LF SP
J. Hicks Corey, Jr., Chattanooga LF
Courtney D. Egerton, Raleigh LF
Robert G. Fitzgerald, Roxboro LF
Hampton Hubbard, Clinton CO
Weldon H. Jordan, Fayetteville LF SP
John H. Monroe, Winston-Salem LF
Dean F. Winn, Jr., Woodland, CA LF SP

Class Of 1946
Walter C. Barnes, Jr., Texarkana, TX LF
Edward G. Bond, Edenton CO SP
Crowell T. Daniel, Jr., Fayetteville LF
Robert V. Dutton, Houston, TX LF
William W. Forrest, Greensboro CO SP
Luther W. Kelly, Jr., DSA '78, Charlotte LF CO SP
Robert S. Lackey, Charlotte CO SP
Roland D. Matthews, Burlington LF
Mary R. McGregor, Charlotte SP
J. Edward McKinney, Chattanooga, TN LF SP
Morton E. Pizer, Raleigh CO SP
William G. Sanford, Winston Salem LF
William E. Sheely, Alexandria, VA LF

H. Frank Starr, Jr., Greensboro LF
David G. Stroup, East Point, GA LF
Allen D. Tate, Jr., Burlington CO
John E. Weyher, Topsail Beach LF
Thomas E. Whitaker, Greenville, SC SP
Dexter Witherington, Kinston SP

Class Of 1947

Harry S. Anderson, Chattanooga, TN LF SP
Calvin C. Mitchener, Charlotte SP
J. Lloyd Pate, Raleigh LF

Class Of 1948

Verna Y. Barefoot, New Bern LF
William S. Cheek, Spartanburg, SC CO SP
Fred W. Ellis, DSA '86, Chapel Hill LF
James H. Galloway, Jr., Raleigh LF
Tyndall P. Harris, Chapel Hill LF
John E. Lyday, Greensboro SP
Julius A. Mackie, Bryn Mawr, PA LF
Charles L. Saunders, Jr., Burlington LF
Daniel T. Young, Faculty LF

Class Of 1949

J. Dewey Dorsett, Jr., DSA '79, Charlotte SP
F. Sidney Gardner, Jr., Fayetteville LF
Charles T. Harris, Charlotte SP
Edward B. McKenzie, Salisbury CO
Rose Pully, DSA '75, Kinston CO
Aubrey D. Richardson, Baltimore, MD LF
Jonathan S. Swift, Marietta, GA CO
Maxine D. Wallace, Oakland, CA LF

Class Of 1950

Gertrude A. Bales, Rochester, NY LF
Frederick O. Bowman, Jr., Riverside, NY LF CO SP
W.G. Byerly, Jr., Hickory CO SP
Charles Gilbert, Greenville SP
Charles F. Gilliam, Thomasville LF
Lewis B. Hardison, Fayetteville LF
Gordon R. Heath, Lakeland, FL SP
Joel B. Huneycutt, Rock Hill, SC LF
George Johnson, Jr., Faculty CO SP
Benjamin H. Josephson, Basking Ridge, NJ LF
William S. Joyner, Chapel Hill LF
John A. Kirkland, Wilson CO
John L. McCain, DSA '81, Wilson SP
Belk C. Troutman, Grifton SP
George F. Tucker, Zebulon LF
Charles R. Vernon, Wilmington LF
H.S. Kendall Willis, Jr., Gastonia LF

Class Of 1951

Luther L. Anthony, Jr., Gastonia LF SP
R. Jackson Blackley, Raleigh LF
William B. Blythe, II, Faculty LF SP
Baxter H. Byerly, Tallahassee, FL CO SP
Rev. Charles B. Fulghum, Jr., Atlanta, GA LF
William A. Futch, Conyers, GA LF
Matt C. Harper, Jr., Goldsboro LF
Lawrence Hartley, Lane Jackson, TX SP
S. Vance Huffman, Elon College CO
Luther W. Ochlbeck, Jr., Ft. Myers, FL LF
D. Hilton Seals, Asheville CO
Jack W. Wilkerson, Greenville LF

Class Of 1952

Graham Newton, Charlotte SP

Class Of 1953

Michael K. Berkut, PH.D., Faculty SP

Class Of 1954

Paul H. Brigman, Trinity LF
Leon K. Cowan, Wilson SP
Malcolm Fleishman, Fayetteville CO SP
Sara L. Hoyt, Rome, GA LF
James C. Parke, Jr., Charlotte LF
Cornelius T. Patrick, Washington LF
Thomas Patterson, Farmville CO
Clifton L. Quinn, Raleigh LF
H. Durwood Tyndall, Goldsboro LF
Edward S. Williams, Jr., Durham LF

Class Of 1955

Henry W. Abernethy, Hickory CO
Julian S. Albergotti, Jr., Charlotte LF SP
Ralph E. Brooks, Jr., High Point LF
Walter E. Deyton, Danville, VA CO
Griggs C. Dickson, Charlotte SP
John W. Foust, Charlotte LF CO SP
J. Eugene Glenn, Jacksonville, FL LF
Ira D. Godwin, Fairfax, VA LF
James W. Hayes, III, Burlington CO
Charles L. Herring, DSA '86, Kinston CO SP
William D. Huffines, Faculty LF SP
Samuel G. Jenkins, Jr., Elizabeth City CO SP
Robert C. Jordan, Sanford LF
Samuel B. Joyner, Greensboro SP
Adrian S. Lineberger, Fairfax Station, VA LF
William L. London, IV, Durham LF
Lloyd C. McCaskill, Maxton CO SP
Clarence R. McLain, Jr., Cincinnati LF
J. Thaddeus Monroe, Jr., Chapel Hill LF
C. William Rogers, Lebanon, TN LF
Mary M. Rood, Raleigh SP
Palmer F. Shelburne, Greensboro LF SP
Henry L. Stephenson, Jr., Washington LF CO
Robert L. Summerlin, Dublin LF CO
G. Reginald Tucker, Jr., Henderson LF SP
William J. Waddell, Prospect, KY LF

Class Of 1956

Richard A. Boyd, Statesville CO
Wade M. Brannan, Port Arthur, TX LF
John W. Deyton, Jr., Jacksonville LF CO
William E. Easterling, Jr., Faculty LF
John T. Evans, Chattanooga, TN LF CO
Charles W. Fowler, III, Orlando, FL LF
Francis W. Green, Albemarle LF
William R. Harris, Hickory LF CO SP
Otis M. Lowry, Spring Hope LF
Malcom McLean, Charlotte LF
William W. McLendon, Faculty LF
J. Doyle Medders, Louisburg SP
Robert L. Murray, Roanoke, VA LF
John W. Ormand, Jr., Wilmington LF
Francis D. Pepper, Winston-Salem LF
Willie R. Stafford, Jr., Greensboro SP
William B. Wood, Faculty LF CO SP

Class Of 1957

Joseph J. Allen, Virginia Beach, VA CO
Robert S. Cline, Sanford LF
William P. Cornell, Phoenix, AR SP
James Grayson Hall, Dobson CO
Bennett A. Hayes, Fayetteville LF CO SP
Jack B. Hobson, Charlotte LF
Harry L. Johnson, Jr., Greensboro SP
Richard V. Liles, Jr., Albemarle CO
H. Maxwell Morrison, Southern Pines SP
Harvey A. Page, Pikeville, KY LF
James N. Slade, Edenton LF
James H. M. Thorp, Rocky Mount LF CO SP
Gerald M. Wagger, Palo Alto, CA LF
David A. Williams, Laurinburg CO

Class Of 1958

Clarence A. Bailey, Jr., Durham LF
John J. Brooks, Jr., Tarboro LF
David B. Crosland, Concord LF CO SP
James R. Edwards, Raleigh SP
George E. Ennis, Hickory LF CO
Carl A. Furr, Jr., Concord LF
John S. Howie, Raleigh LF
Henry N. Nelson, Indialantic, FL SP
Luther S. Nelson, Amarillo, TX LF
T. Lane Ormand, Monroe LF SP
Barry R. Pate, Asheville LF

Class Of 1959

Cecil L. Barrier, Lawndale CO SP
Robert C. Brown, Greensboro CO SP
Joel S. Goodwin, Salisbury CO
Robert L. Green, Winston Salem CO
A. Tyson Jennette, Wilson CO SP
James A. Kiley, Kalispell, MT LF
Robert Linker, Charleston, SC SP
Wilfred D. Little, Jr., Tampa, FL LF
Edward L. Mitchell, Prospect, KY LF
Arthur Sherman Morris, Jr., Asheville CO
W. Russell Rowland, Greenville, SC SP
Julian W. Selig, Jr., Elizabeth City LF SP
Martha K. Sharpless, Greensboro CO
Shahane R. Taylor, Jr., Greensboro CO
Charles W. Trado, Jr., Hickory LF
R. Lee West, Greenville LF CO
Franklin D. White, Siler City LF
Thomas R. Wynne, Greenville, SC SP

Class Of 1960

William B. Abernethy, Jr., Gastonia LF SP
James A. Campbell, Charlotte SP
Sellers L. Crisp, Greenville CO SP
J. Thomas Fox, Charlotte CO
Fitzhugh Lee Fussell, Jr., Roanoke Rapids SP
James R. Harper, Durham LF
Falls Harris, Greenville, SC SP
James M. Marlowe, High Point CO SP
J. Gray McAllister, III, Raleigh LF
William H. Morris, Jr., Munster, IN LF
Duncan S. Owen, Jr., Richmond, VA LF
Robert B. Payne, Matthews LF SP
Jerry M. Petty, Charlotte LF
Elizabeth V. Raft, Chapel Hill LF
Robert Sloop, Wilson SP
Elliott Solomon, Scarsdale, NY CO
G. Thomas Strickland, Jr., Baltimore, MD LF
John Cotten Tayloe, New Bern CO SP
Burt Vaezy, Sarasota, FL SP
John A. Young, Charlotte SP

Class Of 1961

James H. Blair, Jr., Columbia, SC (Deceased) LF
William Lee Brown, Roanoke Rapids SP
William S. Gibson, Jr., Riverside, PA LF
John C. Graham, Elizabeth City SP
Richard W. Hudson, Bayboro LF CO
W. Stacy Miller, Raleigh SP
A. Ray Newsome, Winston Salem LF
William L. Owens, Clinton SP
Louie Lee Patseavouras, Greensboro CO SP
Cecil H. Rand, Jr., Greenville CO SP
W. Ray Samuels, Charlotte LF CO
Edward A. Sharpless, Greensboro CO
D. Ferrell Shuford, Jr., Wilmington LF
Jerry E. Smith, Southern Pines CO
Zebulon Weaver, III, Asheville LF
Dona A. Wells, Ft. Lauderdale, FL LF

Class Of 1962

Karl L. Barkley, Greensboro			SP
William R. Bibb, PH.D., Oak Ridge, TN	LF		
Stephen B. Billick, New York, NY	LF		
Oscar H. Bolch, Jr., San Diego, CA	LF		
Joseph H. Callicott, Jr., Lynchburg, VA	LF		
Lawrence M. Cutchin, Tarboro		CO	SP
G. Thomas Davis, Asheboro	LF		
Marion W. Griffin, Asheboro	LF		
H. Gerard Hartzog, III, Raleigh	LF		SP
Charles M. Hicks, Wilmington			SP
Ward N. Madison, Wichita, KS	LF		
John L. Monroe, Pinehurst		CO	
William A. Nebel, Chapel Hill		CO	SP
W. Gordon Peacock, San Francisco, CA	LF		
Lambros Rigas, Rome, GA		CO	
Judith Salle-Yongue, Greenville	LF		SP
D. Emerson Scarborough, Raleigh	LF		
A.C. Withers, Drexel		CO	

Class Of 1963

William P. Algary, Greenville, SC	LF	CO	
William Paul Biggers, Faculty			SP
J. Andrew Burnam, Ft. Myers, FL	LF		
John W. Dalton, Jr., Santa Monica, CA	LF		
Ira M. Hardy, II, Greenville		CO	SP
George C. Hemingway, Jr., Tarboro	LF		
W. Bryan Latham, Stamford, CT		CO	
Eugene W. Pate, Jr., Kinston	LF		SP
Douglas L. Ritch, Charlotte			SP
Charles J. Sawyer, III, Ahoskie	LF		SP
Samuel E. Scott, Burlington	LF		SP
Jerry A. Smith, Memphis, TN	LF		
William Taylor, Cocoa, FL			SP
W. Landis Voight, Edenton	LF		
Roy A. Weaver, Fayetteville	LF		
Jack H. Welch, Greenville			SP
James G. White, Ormond Beach, FL	LF		

Class Of 1964

Rudolf F. Albert, Roanoke, VA	LF		
J. Nick Beard, Charlotte			SP
M. Lawrence Berman, Nashville, TN	LF		
Bruce H. Berryhill, Charlotte		CO	SP
James F. Earnhardt, Winston Salem	LF		
John B. Fox, Scottsdale, AZ	LF		
Clyde M. Gaffney, III, Greenville, SC	LF		
G. Patrick Henderson, Jr., Pinehurst	LF		
Ernest W. Hunt, Jr., San Diego, CA	LF		
W. Kirby Kilpatrick, Pinehurst	LF		SP
Peter C. Larowe, Spokane, WA	LF		
J. Ashe MacFie, Jr., Greenville, SC			SP
Ronald L. Maudlin, Gainesville, FL			SP
Noel B. McDevitt, Pinehurst	LF		SP
Murphy McGirt, Kinston			SP
Robert E. Price, Jr., Chapel Hill		CO	SP
James W. Rose, Jr., Madison, WI	LF		
James L. Williams, Spokane, WA	LF		

Class Of 1965

Richard Aderhold, Wilson			SP
Takey Crist, Jacksonville		CO	SP
James Gaskins, Clearwater, FL			SP
Charles P. Graham, Topeka, KS			SP
Tommy Griffin, Spartanburg, SC		CO	SP
Joe Paul Hurt, Sylva			SP
J. Benjamin Hannett, Yakima, WA	LF		
Sue Massey Kirkpatrick, Scotts Valley, CA	LF		
Gordon Buck LeGrand, Raleigh		CO	
William D. McLester, Fayetteville		CO	
Thomas L. Presson, Jr., Greensboro		CO	SP
Evin H. Sides, III, Raleigh	LF		
Betty G. Stewart, Asheville	LF		
Williamson B. Strum, La Jolla, CA	LF		
Donald P. Whitley, Richmond, VA		CO	

Class Of 1966

J. Curtis Abell, Statesville			SP
J. David Alford, Mooresville	LF		
Robert H. Bilbro, Raleigh	LF		
Paul L. Burroughs, Raleigh		CO	SP
Timothy E. Cloniger, Charlotte	LF		SP
Earnest S. Collins, Beaufort, SC	LF		
William M. Crutchfield, Elizabeth City	LF		
Philip C. Deaton, Greensboro		CO	
Wesley C. Fowler, Faculty			SP
Edgar Garrabrant, Raleigh		CO	
Cyrus L. Gray, III, Tampa, FL	LF		SP
Sidney C. Kress, Staten Island, NY	LF		
A. Eldridge Leake, Jr., Asheville			SP
Rudolph Mintz, Kinston			SP
Peter L. Morris, Santa Barbara, CA	LF		
Duncan Morton, Charlotte			SP
Hugh G. Murray, Jr., Atlanta, GA	LF		
Roy K. Pons, Medford, OR			SP
Alan M. Rich, Lakeland, FL	LF		
Robert E. Sevier, Greensboro	LF		SP
J. Lewis Sigmon, Jr., Cornelius	LF		SP
Walter F. Steele, Valdese			SP
Elliot Walker Stevens, Jr., Greensboro			SP
W. Beverly Tucker, Henderson	LF		
W. Hunter Vaughan, Steubenville, OH	LF		
Terence Tsin Tsu Yen, PH.D., Indianapolis, IN			SP

Class Of 1967

F. Walton Avery, Raleigh		CO	SP
George G. Bonham, Rock Hill, SC	LF		
C. Allan Eure, Raleigh		CO	
David A. Evans, Monroe	LF		
O. Drew Grice, New Bern		CO	SP
Harvey J. Hamrick, Faculty			SP
L. Fuller Honeycutt, Raleigh			SP
James D. Hundley, Wilmington		CO	SP
William H. Jarman, Gastonia			SP
Scott G. Kleiman, Marietta, GA	LF		
Clifford Lewis, Wilmington			SP
Robert W. Madry, Jr., Corpus Christi, TX	LF		
W. Jason McDaniel, Jr., Raleigh		CO	SP
Jeannie M. McMillin, PH.D., Washington, DC			SP
James H. Spruill, Jr., Jackson, TN		CO	
Henry C. Thomason, Jr., Gastonia		CO	SP
J. Wayne Tippett, San Antonio, TX	LF		
Benjamin K. Ward, Jr., Florence, SC	LF		
Harry A. Wellons, Jr., Springfield, IL		CO	SP
Helen L. White, PH.D., Chapel Hill			SP
Rhoderick T. Williams, Jr., Roanoke Rapids	LF	CO	SP

Class Of 1968

Joseph P. Archie, Jr., Raleigh			SP
George W. Bensch, Stockton, CA	LF		
Isaac A. Craig, New Bern		CO	SP
Alan Davidson, III, Longmeadow, MA	LF		
Joseph W. Griffin, Jr., Augusta, GA	LF		
Hoke F. Henderson, Jr., Columbia, SC	LF		
Ronald F. Joyner, Greensboro	LF		
John L. Kirkland, III, Houston, TX	LF		
Edward W. Kouri, Charlotte			SF
Artin H. Malakian, Acton, MA	LF		SF
John C. Markham, III, Augusta, GA	LF		
Robert G. Martin, Southern Pines			SF
David M. Rubin, Greensboro			SF
Carole W. Samuelson, Birmingham, AL	LF		
Robert B. Shearin, Rockville, MD			SF
George Stretcher, Spartanburg, SC			SF
F. Charles Tucker, Pensacola, FL	LF		
Jack G. Wall, Burlington	LF	CO	
J. Allen Whitaker, III, Wilson	LF		
Walter C. Whitehurst, Jacksonville		CO	

Class Of 1969

H. Wallace Baird, Greensboro		CO	
Edward H. Brenner, Freehold, NJ	LF		
Paul E. Brown, Hickory		CO	S
Walter W. Burns, Jr., Chapel Hill			S
Don C. Chaplin, Burlington		CO	
Samuel Cromartie, Ormond Beach, FL			S
John L. Davis, III, Atlanta, GA	LF		
C. Richard Fleming, Rochester, MN	LF		
Hugh J. Grant, Jr., Raleigh	LF		
John G. Johnston, Charlotte	LF		
Donald M. MacQueen, Wilmington	LF		S

J. Tift Mann, II, Raleigh SP
David W. Pearsall, Jr., Springfield, VT LF
James S. Powers, Chevy Chase, MD SP
Joseph D. Russell, Wilson CO SP
David S. Sheps, Faculty LF
James W. Snyder, Wilmington LF SP
Karen C. Sorrells, Midlothian, VA LF CO SP
Nelson B. Watts, Atlanta, GA LF

Class Of 1970

William C. Allsbrook, Jr., Martinez, GA LF
H. Clifford Baggett, Jr., Rocky Mount LF
Jerry Charles Bernstein, Raleigh SP
James P. Browder, III, Faculty LF
Daniel L. Crocker, Rocky Mount CO SP
H. Shelton Earp, III, Faculty LF
Mary H. Edwards, Pittsburgh, PA LF
Richard M. Freeman, Opelika, AL LF SP
James O. Goodwin, Henderson LF
Joseph M. Harmon, Charleston, SC LF
John F. Hartness, Monroe SP
Donald D. Howe, Gastonia LF
Howard M. Jernigan, PH.D., Memphis, TN SP
William R. Jordan, Fayetteville CO SP
C. Bryan Koon, Jr., Durham LF
Frederick G. Kroncke, Jr., Rocky Mount LF
James A. McQueen, Laurinburg LF
Michael A. Moore, Danville, VA LF
Thomas W. Nicholson, Washington LF
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Volume 34

Summer 1988

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

"Seal Harbor" by Ernest Craige, M.D.

University of North Carolina

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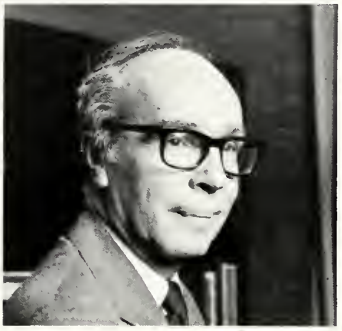
Dean's Page



Recently, I had the opportunity to address a group of residents who were completing their training at an outstanding institution. I pondered which of the many possible themes to select as a basis of this address. I was challenged to be meaningful without being pedantic or trite, to be broad without being boring, and to be both timely and timeless. A score or so of specific hobgoblins—ominous current or potential developments in medical practice—could have been assaulted with pleasure. Several real monsters populate this category, but having listened to too many commencement speakers' "view with alarm," I did not wish to add another to the series.

There are several specific needs for positive and constructive advance in medical practice which could have been discussed. For example, there is a need to increase the human and social content of medical education and practice. But many of these needs—like the one just cited—are well worn as themes for commencement and other addresses. I turned away from considerations of the problems of the day to ask myself the question: "What would those completing medical training today most need to know?"

I was reminded of the opening lines of Charles Dickens' *A Tale of Two Cities:* "It was the best of times. It was the worst of times." I reflected that this statement in some form has been or could have been made during most periods of human history, for as the knowledge and influence of man expand, so do the opportunities and problems. In medicine, too, "It is the best of times. It is the worst of times." With this in mind, I chose to invite those present to consider two themes, not often addressed, which I believe have substantial, lasting value.

First, while a late-20th century U.S. medical education is one of the most extensive professional academic experiences in the history of mankind, it is also true that this experience is quite incomplete. Many students and teachers in American medical schools would agree that contemporary medical education is so intense and so effective for the purposes it serves explicitly (as differentiated from the purposes it is intended to serve) that it is easy for those involved as students or teachers to overlook large and important gaps in the experience.

I do not refer to the gaps which are almost continuously the subject of analysis and curriculum change in the nation's medical schools. A healthy and critical dialogue is in place for the evolution of medical curriculum narrowly defined which can, under the best of circumstances, strike a balance between responsiveness to the needs of change and the stability required for effectiveness.

The missing element to which I refer is the large body of insight into the human condition which is not considered at all in medical education, and which indeed is suppressed or even rejected by parts of the medical education experience. Literature, the arts, other sciences, engineering, law, commerce, politics, religion, and even direct discourse with people of all classes and occupations should be a part of the intellectual base of the life and professional practice of the physician.

The importance of a broad base of experience and knowledge to personal and professional fulfillment is of course a very old theme. An intellectual giant of the 19th century, Cardinal John Henry Newman, in a seminal series of lectures published in 1852 entitled "The Idea of a University," said, ". . .a cultivated intellect, because it is a good in itself, brings with it a power and a grace to every work and occupation which it undertakes, and enables us to be more useful, and to a greater number."

Cardinal Newman went on to place professional education in the context of broader university education by saying, "If then I am arguing and shall argue against Professional or Scientific knowledge as the sufficient end of a University Education, let me not be supposed, Gentlemen, to be disrespectful towards particular studies of arts or vocations and those engaged in them. In saying that Law or Medicine is not the end of the University course, I do not mean to imply that the University does not teach Law or Medicine. What indeed can it teach at all, if it does not teach something particular?"

I will urge today's residency graduates, and for that matter all of us, consciously to broaden the base of our understanding of society and the human condition in order to be more effective as physicians and as members of our communities.

A base of knowledge and experience that includes solid grounding in medicine and extends to include a broad spectrum of human experience may better assure the potential for adaptability to change in medical practice over decades. A broad base of knowledge and experience will help the physician to adapt to changes in medical practice by providing greater insight into the controlling forces and better understanding of the consequences of various responses to change.

The second gap in medical education that I wish to address is failure to consider explicitly the need for a set of values. I believe that the absence of a well defined set of values compromises reasoned adaptability. In recent years, medicine and medical education have become aware of the need to recognize and treat ethical aspects of medical practice. We have imperfect but developing arrangements for teaching ethics and for applying these teachings in the clinical setting. But we actually do very little to help ourselves and our students define and recognize a system of values to guide their professional lives.

Lacking clear insight into our values, each of us responds to changes in the content and process of medical practice without clear insight into the deviation of our responses from our values. How many of us, for example, have ever attempted to express the set of values which we seriously and profoundly

(continued on page 13)

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover

"Seal Harbor" is the title of the watercolor that appears on the cover, painted by Ernest Craige, M.D., Henry A. Foscue Distinguished Professor of Cardiology. The painting was a prize winner in a recent North Carolina Nature Artists Show.

Researchers who have figured prominently in blood coagulation research are (left to right) Katherine Hish, M.D., assistant professor of medicine and pathology; Harold Roberts, M.D., Kenan professor of medicine and director of UNC's Center for Thrombosis and Hemostasis; and Kenneth Brinkhous, M.D., professor emeritus of pathology.

Coagulation Research Yields Clues About Clots, Cancer and Heart Attacks

Is blood coagulation research an esoteric field that has an impact on only a small segment of the population, such as hemophiliacs?

Harold R. Roberts, M.D., says no. Rather, it is an area of research that could lead to development of medical techniques or medications to help prevent and control heart attacks and strokes. And, UNC is at the forefront of current discoveries in the field, as it has been since the 1950s, when researchers here pioneered a number of significant advances.

Roberts, chief of the division of hematology and director of the Center for Thrombosis and Hemostasis at the UNC School of Medicine, notes that 1952 was a watershed year for blood coagulation research. "That's the year the PTT test (partial thromboplastin time test) was developed here."

"Essentially, it's a screening test for a bleeding tendency that determines if an individual lacks certain clotting factors," says Roberts. "But everything in blood coagulation research since 1952 has been based on that little test. It's had an impact on the biotechnology industry, the development of diagnostic reagents and the commercial preparation of blood factors, to name a few areas."

A "spin-off" discovery that resulted from the development of the PTT was made at UNC that same year, when one of the central clotting factors, Factor X or the Stuart factor, was identified.

Roberts says that before Factor X was found, researchers didn't know what substance caused the blood protein prothrombin to convert to thrombin (an enzyme that promotes clotting). "Now, we've been able to sequence and clone the Factor X gene and it is available in purified form."

Researchers at UNC continue to investigate the genetic molecular defect in Rufus Stuart, the man for whom the factor is named.

> "This whole area of (coagulation) research will lead to an understanding of how to prevent unwanted clots. . ."
>
> Harold R. Roberts, M.D.

"Mr. Stuart, who is from Boone, still comes to UNC to participate in blood studies. His particular condition—the lack of Factor X in the blood—is rather rare; we're aware of only five people in the state who lack Factor X."

When many people hear of blood clotting research, they may first think about hemophiliacs or "bleeders", whose bodies lack a substance called Factor VIII. Roberts says UNC researchers have made advances in this area as well.

Factor VIII was purified in the early '60s at UNC and is now being made by commercial firms. "It's tremendously important, because it allows us to make a person who lacks Factor VIII 'normal' for about 15 hours, which can be vital to hemophiliacs undergoing surgery and during the early recovery period after surgery," says Roberts.

More importantly, scientists can now produce Factor VIII through genetic engineering. Before this, the only source of Factor VIII was whole blood that had been fractionated or refined, and massive quantities of blood were needed to produce a small amount of Factor VIII.

By using genetic engineering techniques to produce what is in effect, synthetic Factor VIII, there is no longer risk that the recipient will contract hepatitis or AIDS from contaminated blood. And, while the cost may be relatively expensive because it is a new technology, the price is expected to decrease quickly if the drug is widely used.

An expected outgrowth of this work is gene replacement therapy, which will allow doctors to replace defective genes in an individual and solve the problem, rather than treat the condition. "If the financial condition of this country doesn't worsen over the next few years, gene replacement therapy for hemophiliacs should be a reality in the next five to 10 years," says Roberts.

Two UNC researchers, Kenneth Brinkhous, M.D., one of the developers of the PTT, who also discovered vitamin K, and Katherine High, M.D., are now working on gene insertion with dogs that have hemophilia B, says Roberts.

While only about 25,000 people in the United States have hemophilia, "the significance of all this work is that it can be applied to victims of heart attacks and strokes."

Statistics show that close to a million Americans die each year of heart attacks.

While only about 25,000 people in the United States have hemophilia, "the significance of all this work can be applied to victims of heart attacks and strokes."

"We know that a heart attack is really caused by clotting in the coronary arteries of the heart," says Roberts. Similarly, most strokes are caused by clotting in the brain's arteries. Could these clots be prevented?

Researchers at UNC are busy trying to answer this question. One promising area is study of the von Willebrand factor, which scientists now believe plays a major role in coronary thrombosis. "If your blood lacks the von Willebrand factor, you're subject to bruising and mild bleeding," says Roberts. "But the important point is that studies with pigs have led us to conclude that if you lack that factor, you may be protected from having a heart attack."

Roberts says von Willebrand factor deficiency is a relatively common condition. "We see a number of new patients with this condition every year."

"This whole area of research will lead to an understanding of how to prevent unwanted

Rufus Stuart (seated), the Ashe County native for whom the Stuart Factor is named, in an early photograph with researchers who discovered the factor (from left) John Graham, M.D.; Emily Barrow, M.D.; and Cecil Hougie, M.D. This photo was taken in the mid-1950s.

clots and how to dissolve clots quickly," Roberts says.

Roberts says recent approval by the Food and Drug Administration of tPA (tissue plasminogen activator), a drug made from a natural protein that quickly dissolves clots and prevents further damage in heart attacks, is a good first step in this area. The drug is marketed by Genentech, a California pharmaceutical research company. Roberts, who served on the committee appointed by NIH to look into the safety of the drug, says tPA "helps preserve heart function and decreases deaths."

He adds that future industry and NIH-sponsored research will concentrate heavily on how to prevent abnormal clotting, the major contributor to heart attacks.

At UNC, research into blood coagulation and related areas involves about 40 senior investigators, including pathologists, surgeons, pharmacologists, biochemists, chemists and pediatricians.

"It's really a campus-wide effort," says Roberts.

The relationship between cancers and coagulation is one topic under examination. "About 20 percent of the people who die of cancer, die of clots," says Roberts. New studies also are looking at the blood vessel wall, and the role that the inner lining of the wall plays in clotting.

But Roberts holds out hope for the development of a test that will detect clotting just as the PTT detected bleeding—a test that will spur rapid advances in the diagnosis and treament of heart attacks and strokes.

"We need to discover something for thrombosis like the PTT that was developed for bleeding, a test that would be predictive of too much clotting. Then we'd be in business," he says with a smile.

Research laboratories at UNC house one of only two colonies of pigs in the world with von Willebrand's disease. Scientists hope research with these animals will lead to a better understanding of why the von Willebrand clotting factor seems to help protect against atherosclerosis.

Important Dates in the History of Blood Coagulation Research

1948 First animal colony of a model for classic hemophilia (Dog colony established)

1952 UNC-Chapel Hill researchers develop PTT test (partial thromboplastin time test), now used worldwide
Discovery of the Factor X or Stuart Factor, the central enzyme in blood coagulation

1969 Discovery of alpha, beta and gamma thrombin. Substitution of a histidine residue for an arginine at position 145

1971/72 Discovery of Factor VIII (dissociation from von Willebrand Factor)

1983 First identification of a molecular defect in Hemophilia B-Factor IX (Chapel Hill)

1984 Use of von Willebrand Factor antibodies in preventing heart attacks in animal models. First common genetic polymorphism in hemophilia B (Factor IX)

1987 Genetically-engineered Factor VIII developed by UNC researchers used to treat hemophiliacs

Roberts Receives International Award

Harold R. Roberts has been awarded the "International Prize for Research in Hemophilia" from the French Hemophilia Association. The prize was given during a meeting in Madrid, Spain, of the World Federation of Hemophilia.

Roberts, who is Kenan professor of medicine and chief of hematology at the School of Medicine, directs UNC's Center for Thrombosis and Hemostasis. Known worldwide for his research in blood clotting Factor IX and genetic variants of Factor IX, Roberts, along with other UNC researchers, pioneered the use of genetically engineered Factor VIII (the blood clotting factor that hemophiliacs lack). For the past quarter century, Roberts has been a leader in clinical care of patients with hemophilia.

Family Medicine: Combining Tradition With Modern Science

By Kenneth Reeb, M.D.
Chair, Department of Family Medicine

The academic discipline of family medicine and its companion clinical specialty, family practice, are interesting hybrids. They combine the traditions of the general physician of the past with today's humanist scientific physician and the promise of new knowledge from the biomedical, behavioral, management and community health sciences.

The relatively new clinical department of family medicine incorporates three themes recommended in the 1946 Sanger Report, which recommended that a four-year school of medicine be established on the campus of the University of North Carolina at Chapel Hill. First, the report acknowledged that a major purpose of the proposed school would be to prepare physicians for North Carolina, especially for the traditionally under-served rural areas of the state. Second, it was recommended that the new school be "integrated effectively and continuously with a state-wide network of hospitals and health centers insofar as these volunteer to cooperate." Third, the committee proposed that the school be an integrated part of a state university medical center and maintain close coordination with health science schools, including the School of Public Health.

The new four-year medical school was located in Chapel Hill partly because the committee considered the small town of Chapel Hill more appropriate for physicians for rural areas.

The Department of Family Medicine mission places a major emphasis on preparing general, primary care physicians for North Carolina, especially for rural areas which have experienced physician shortages at least since World War II. Despite widespread fears about a national physician surplus, the demand for family physicians and their other primary care colleagues far exceeds the supply. Family medicine, along with general internal medicine and general pediatrics, is working with the medical school to investigate potential institutional strategies to encourage more students to consider primary care careers.

"Despite widespread fears about a national physician surplus, the demand for family physicians and their other primary care colleagues far exceeds the supply."

Early plans for the four-year school emphasized a significant teaching role for community hospitals and physicians throughout the state. As Dean, Dr. W. Reece Berryhill was highly effective in developing these relationships. Dr. Berryhill broadened the medical school's teaching base by arranging hospital affiliations throughout North Carolina. Today's Area Health Education Centers (AHEC) program, widely recognized as one of the best in the nation, is built on that solid foundation.

Family medicine relies heavily on AHEC for a substantial portion of its teaching programs, for both medical student and resident education. Each year the four family practice residency programs sponsored by the department graduate 24 board-eligible family physicians, most of whom practice in North Carolina. We are currently fashioning a reorganization which will incorporate the AHEC programs in Asheville, Charlotte and Greensboro more closely into the department, with the goal of expanding each site into a full-scale community-based clinical campus. Teaching and research programs at each campus will be expanded.

The Sanger Report also recommended incorporating the strengths of the School of Public Health into the academic programs of the new four-year school. As clinical and academic generalists, family medicine faculty, residents and fellows are naturally inclined to collaborate in interdisciplinary activities with colleagues in the other health science schools and in other medical school departments. Family practice residents are required to receive training in internal medicine, pediatrics, obstetrics and gynecology, surgery, ophthalmology and emergency medicine, as well as in family medicine. The department has either initiated or is actively

planning a variety of joint academic and clinical activities.

Examples of some of these activities include:

- A fellowship to prepare academic physicians for research careers in primary care—a joint effort of pediatrics, internal medicine and obstetrics/gynecology—begins later this summer.
- A geriatric fellowship is planned with the Program on Aging, the Department of Medicine and the School of Dentistry.
- A demonstration patient care and educational project for comprehensive care of patients with diabetes is being planned with the Division of Endocrinology.
- An integrated mental health services system is under consideration with the Department of Psychiatry.
- Family Medicine faculty are engaged in or are planning a variety of collaborative research projects with the Health Promotion and Disease Prevention Program, the School of Public Health and several other clinical departments.
- Finally, the department also maintains close ties with primary care providers in both the private and public sectors in North Carolina.

Family physicians of this state have played a major role in the department's development. The North Carolina Academy of Family Physicians has supported the department since its inception. Faculty members and residents participate actively in a wide range of Academy activities. Each clinical campus maintains working relationships with local public health efforts. For example, in Chapel Hill, faculty members serve the Orange County Health Department, and we are working to strengthen our ties with the Orange-Chatham Comprehensive Health Service.

Reeb

The future holds many opportunities and challenges for this young discipline, as well as for this department. Family medicine and the other primary care disciplines must assume a greater role in medical student teaching. Physicians practicing in the 21st century must have a working knowledge of the principles and practices of primary care. A major need exists for high-quality, relevant research in primary care. We must prepare more young clinician-scholars capable of conducting meaningful collaborative research with colleagues in biomedical, behavioral, managerial and community health sciences. The department is well-positioned to meet these challenges. Talents of the department's faculty, coupled with an active receptivity for collaboration among colleagues in other departments, provide an excellent base.

Construction has started on the new Family Medicine Building, which was funded by the state legislature with helpful backing from many loyal alumni and faculty, and from the administration of the School of Medicine, the University and the North Carolina Academy of Family Physicians. Armed with these resources, the Department of Family Medicine is eager to continue the exciting task of preparing physicians who possess new knowledge derived from a combination of traditional practices of the past and new insights from research by a variety of academic disciplines.

Family Medicine Dedicates Comprehensive New Facility

Ground was broken June 14 for the 52,000-square-foot Family Medicine Building. The building, shown in the accompanying architect's rendering, is located at the corner of Manning Drive and U.S. 15-501 bypass. It will provide a comprehensive training site for family practitioners and other health professionals. Specifically, the building will house:

- state-of-the-art clinics, including lab and x-ray;
- continuing education facilities for community family physicians;
- wellness and sports medicine facilities;
- space for faculty development, administration, research and residency programs.

Kenneth Reeb, M.D., chair and professor of family medicine at UNC, says "This building is noteworthy because it is the result of a broad base of support across the state from legislators, physicians and educators as a critically needed home for the Department of Family Medicine." Completion of the $7.5 million facility is scheduled for early 1990.

UNC Researchers Collaborate In Brain Monitoring Study

By Marjorie Seng Srsic

Recent advances in modern anesthetic instrumentation are expected to greatly improved the safety and scope of patient care during anesthesia and surgery, but none quite so dramatically as the computerized brain monitor.

This equipment enables scrutiny of a patient's brain waves as never before by generating actual pictures of the strength and location of brain activity. Armed with the brain monitor, physicians can now measure the depth of anesthesia, refine drug administration, and view—much like watching a movie—anesthesia's effect on the patient's brain.

As a result, the brain monitor can help prevent the neurologic complications that account for 30 percent of anesthetic mishaps, the highest incidence of which occurs in patients undergoing cardiopulmonary bypass surgery.

UNC's neuroanesthesiology group is investigating the use of intraoperative computerized brain monitoring, making North Carolina Memorial Hospital one of the 5 percent of U.S. hospitals to use the brain monitor.

The group's Intraoperative Brain Monitoring Program is a collaborative effort between anesthesiologists and researchers from the School of Medicine's anesthesiology and psychology departments and the Neurobiology Program.

Enid Kafer, M.D., professor of anesthesiology and director of neuroanesthesiology, directs the program. Michael Isley, Ph.D., a research scientist in anesthesiology, is clinical coordinator of the Intraoperative Brain Monitoring Program, which also receives support from Paul Shinkman, Ph.D., director of the Experimental and Biological Psychology Program.

Since 1986, Kafer and Isley and their colleagues have monitored some 250 patients, either high-risk individuals (the very young and the very old) or those undergoing cardiac, vascular, neuro, or orthopedic surgery.

> "Neurophysiological monitoring during major surgery has become an essential element in the repertoire of the anesthesiologist."
>
> Michael Isley, Ph.D.

Through a series of intricate mathematical processes, the brain monitoring apparatus takes the anesthetized patient's seemingly jumbled brain waves and divides them into four, easier-to-interpret subgroups. This manipulation allows a computer to create a "pictures" of the brain's activity for assessing the level of anesthesia and adequacy of blood flow to the brain. These pictures appear in either two formats: a "dot density spectral array," or more sophisticated and colorful topographic maps.

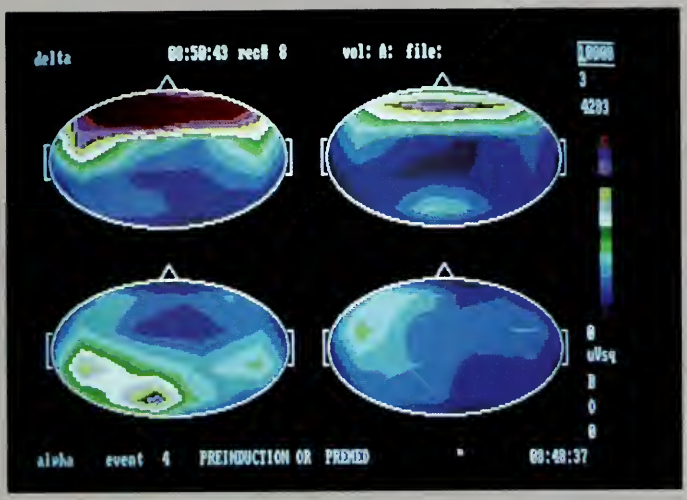
Topographic maps (shown at right) visually represent the type and amount of electrical activity at the electrodes. Different colors represent different bandwidths or energy levels: Blue indicates that the patient is alert; green shows that the person is awake and relaxed; yellow signifies drowsiness; and red means sleep.

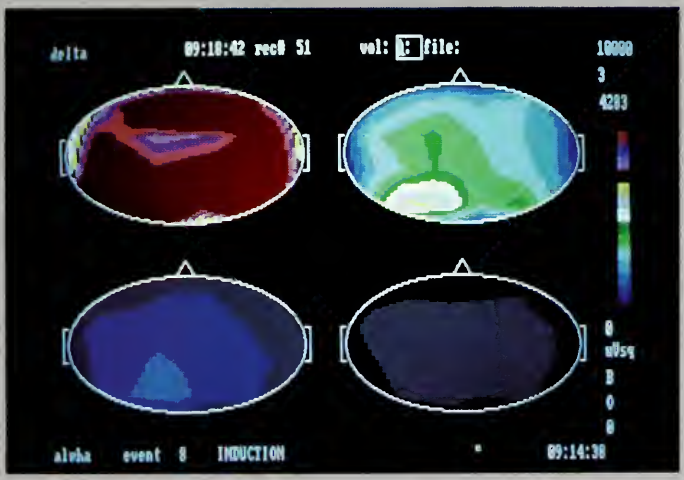
Brain monitoring staff members closely watch the monitor's computer screen display during anesthesia and surgery. When significant clinical changes occur in brain wave activity, a member of the brain monitoring team informs the attending physician.

"Neurophysiological monitoring during major surgery has become an essential element in the repertoire of the anesthesiologist," says Isley.

So important, in fact, that the brain monitoring program incorporates a continuing education program for practicing anesthesiologists and broad-based instruction for medical and graduate students, residents and faculty.

Currently, researchers are quantifying findings from clinical brain monitoring cases and statistically evaluating the data. They plan to develop probability statements to predict brain activity that suggests risk of neurologic complications.





Paul Brady

Color-scaled topographic maps display a patient's brain waves divided into four subgroups, which appear as "heads." Before anesthesia, the maps show varying amounts of electric activity, indicated by changing colors. Following anesthesia (below), the different colors illustrate the drug's effects on the brain—the blue and black hues of rapid brain wave activity have diminished, red hues that indicate slowed brain waves are enhanced.

Stress, Vocal Strain Lead to Voice Abuse, Says Speech Expert

By Mike McFarland

Michael H., a 39-year-old physician with heavy clinic and teaching schedules, talks frequently to patients and lectures to several groups of medical students throughout the day. A non-smoker who runs four times a week, he has recently assumed a new position in a large university.

Jennifer E. is an English professor who lectures three times a week to more than a hundred undergraduates in a large classroom with poor acoustics. When she's not teaching, she sings in a community choir and reads poetry in a coffeehouse. A heavy coffee-drinker, she also smokes cigarettes.

With those schedules and Type-A personalities to boot, Michael and Jennifer face stressful situations daily. In today's professional world, stress is not unusual—it's the price they pay for getting ahead.

But Michael and Jennifer have something else to worry about—voice abuse. Jennifer suffers from tiny callous-like notches on her vocal cords. Michael tends to lose his voice in the afternoons, but pushes to continue talking. He has to clear his voice constantly. Small ulcerated areas have developed on his vocal cords.

They are just two voice abuse cases from the growing number of "non-celebrity professional speakers", a term coined by a School of Medicine faculty member and now used by the medical profession to describe people who rely on their voices to do their jobs. Other likely victims include attorneys, business executives, ministers and radio and television personalities.

What causes this type of voice abuse?

In most cases, it's a combination of two things: working in a job that is vocally demanding and having a stressful lifestyle, says Celia R. Hooper, Ph.D., clinical assistant professor and clinic director in the School of Medicine's Division of Speech and Hearing Sciences.

"Your voice is hooked in to all of your systems for emotional states. When your heart beats fast, you sweat. Your voice reacts, too. It reflects your emotional life."

Celia R. Hooper, Ph.D.

"Your voice is hooked in to all of your systems for emotional states," she says. "When your heart beats fast, you sweat. Your voice reacts, too. It reflects your emotional life."

When the stress of everyday life catches up with the non-celebrity professional speaker, fatigue sets in and affects the voice.

"When you are tired, your hands shake, or you can't thread the needle or fix the gizmo. Your voice also reflects fatigue. It dries out and you're in this kind of voice," she says, dropping her own voice to sound weak and raspy.

Stress also strains the voice during performance, whether that involves teaching a class or running a meeting.

The nervous system responds with a rush of adrenalin that dries out the body's mucous membranes—including those found in the vocal cords.

The dry-mouth phenomenon occurs and "your vocal cords are very dry and they're going together like this," Hooper says, rubbing her hands together.

"It's very abusive, and even after only an hour or two of speaking, you can have very red, swollen vocal folds."

The vocal cords are often compared to two rubber bands that vibrate together to produce sound. Speaking with dry vocal cords causes irritation. Women develop nodules, or callouses; men can develop nodules, too, but are more prone to small ulcers created by the irritation of overlapping vocal cords.

Where people use their voices is also important. A poor speaking environment can cause problems for the non-celebrity professional speaker, such as constant shouting over loud noise, speaking in a smoke-filled room, talking with a cold or flu and working or travelling in dry, unconditioned air.

Hooper urges people to change poor speaking environments. Use a pocket microphone

or ask for a better room in which to speak. Drink lots of water and use throat lozenges to ward off the effects of dry air.

People also need to pay attention to how they speak. Men should avoid the tendency to use what Hooper calls "businessman's voice"—the low-pitched, abnormally loud voice characterized by hard glottal attacks that occur when the vocal cords are literally slammed together.

While women can exhibit the characteristics of hard glottal attacks, they are more likely to have a condition called "glottal fry," which involves speaking a long, drawn-out manner, with emphasis at the end of a sentence or word.

Hooper notes that most non-celebrity professional speakers are unlikely to seek help on their own, and she urges them to watch for the symptoms that signal voice abuse.

"If you wake up in the morning with a good voice and it's awful by the end of the day, that's the number one sign of vocal abuse," she says. And, to those who do come for professional help, Hooper warns against expecting a quick fix.

"I compare voice therapy to sports medicine. You have a trainer and you have a coach. I'm like a trainer. I'll monitor your voice and tell you if you're in trouble." She measures a patient's voice in three ways.

"I measure it behaviorally, which means 'What does it sound like to me?' I'll step back and have the person do tasks, and I'll listen to pitch, loudness and voice quality." She uses tape recordings of the patient's voice to measure loudness and fundamental frequency, or how many times per second the vocal cords come together.

Vocal quality is measured with a Visi-pitch, a device that produces a voiceprint visible on a small screen. The voiceprint shows various types of voice abuse. The measurements from the Visi-pitch are used to chart patient progress.

Hooper hopes her clinic will see more voice abuse patients in the coming months if plans come through for a new program called Care of the Professional Voice. Hooper says programs like this reflect a nationwide concern on the part of medical schools and health professionals concerned with preventing voice disorders.

Dan Crawford

Celia Hooper, Ph.D., clinical assistant professor of speech and hearing sciences, uses a device called the Visi-pitch to measure a patient's voice.

Conserving Your Voice

- Avoid speaking or lecturing in rooms with poor acoustics or poor ventilation.
- Use a pocket microphone so you don't have to shout or speak loudly to be heard.
- Use lozenges, gum or hard candy to offset the effects of dry air; or, sip water frequently.
- Avoid speaking engagements or minimize the amount of time you spend talking or lecturing if you have a cold or flu.
- If you can quit cigarettes or cigars, do. If you cannot give up smoking, try to cut back, especially during periods when you have to lecture or speak extensively.
- Avoid vocal strain caused by unnaturally lowering or raising your vocal pitch.
- Remember that stress affects the entire body, including your vocal cords. Try to minimize the daily stresses that can, over time, create voice stress and damage.
- Remember the first warning signal of voice abuse: If you find yourself suffering from recurrent, end-of-day voice loss, get professional help!

Spring Weekend Activities Draw Alumni to Chapel Hill

Presentation of the School of Medicine's Distinguished Service Awards, installation of new Alumni Association officers, the Spicer-Breckenridge Memorial Lecture and a series of presentations on changes shaping the medical school were highlights of the 1988 Spring Medical Alumni Weekend. More than 250 alumni came to Chapel Hill April 22-23 for the event. The following is a summary of activities during the weekend.

Spicer-Breckenridge Memorial Lecture

This year's lecturer was William "Will" Deal, M.D. '63, whose talk "What Ever Happened to the Good Ole Days?" provided some insights into changes that have occurred in the medical field.

Deal

A Durham native, Deal is dean of the College of Medicine and associate vice president for clinical affairs at the University of Florida, Gainesville.

Deal said several major events have had an impact on medicine, describing the "evolution (of medicine) as a series of revolutions" in science and technology, economics, morals and attitudes.

But if medicine has changed dramatically, so have peoples' attitudes.

"No longer is the physician seen as a competent, compassionate savior of life. Increasingly, we're viewed as technicians, some even say greedy technicians," he noted.

Deal pointed to what he called "obnoxious changes" that have taken place in everyday language—colleagues have become "competitors;" hospital units have become "cost centers;" and the practice of medicine is now known as the "business of medicine."

If the picture painted by Deal seems bleak, consider the statement by AMA president-elect W.B Morgan in 1930:

"The public now finds the cost of illness—and particularly the cost of hospitalization—is beyond its means. Society expects the medical profession to make the necessary adjustments out of its aggregate income."

Rather than wait for a return to the "good ole' days," Deal urged physicians to continue providing the highest quality of patient care and to become involved in community affairs, political matters, and organized medicine.

"Consider my message as a call for rededication and a recommitment to the real value of our profession: high quality, personal empathetic care of the sick; the challenge of discovery; and the education of young colleagues.

"The good ole' days will not return. We must meet the challenges of today and the unknown of tommorow with renewed vigor," said Deal.

Service Awards, Faculty Award Presented

The School of Medicine presented five Distinguished Service Awards and the Distinguished Faculty Award during the Spring Alumni Banquet.

The Distinguished Faculty Award went to Floyd W. Denny, M.D., former chair of the department of pediatrics and director of the School of Medicine's Program on Health Promotion and Disease Prevention.

The Distinguished Faculty Award recognizes excellence in teaching, contributions to medicine in the state, leadership in physician continuing education, and efforts in improving communication among faculty, alumni and residents of the state.

Distinguished Service Awards were presented to Fayetteville banker I.B. Julian, a civic leader and member of the NC Memorial Hospital Board of Dirctors; John Worth Foust, M.D., private practitioner and a leader in the state's medical community, Charlotte; E. Carwile LeRoy, M.D., chair of Physical Medicine and Rehabilitation at the Medical University of South Carolina, Charleston; John Keith Spitznagel, M.D., microbiologist and former UNC faculty member, Atlanta; and Robert Zeppa, M.D., surgeon and medical educator, Miami.

The Distinguished Service Award was created in 1955 on the 75th anniversary of the School of Medicine. The award recognizes "alumni and friends whose distinguished careers and unselfish contributions to society have added luster and prestige to the University and its medical school," said Stuart Bondurant, dean of the School of Medicine.

Scientific Presentation: The School of Medicine—A Close Examination

Medical school faculty and staff made presentations during a program designed to give alumni a brief look at changes that have shaped the School of Medicine during the last decade.

Dean Bondurant opened the program by discussing the technological revolutions and frontiers emerging in the field of medicine.

He noted that the area of applied neurosciences has become a focus of research and an important area of study. He said the understanding of behavior and anxiety expands the relationship between doctor and patient and will draw a great deal of attention in the near future.

Applied genetics will also draw significant attention to the academic medical community,

Denny

Julian

Foust

LeRoy

Spitznagel

Zeppa

Bondurant noted. The ability to genotype patients relative to their specific genetically determined traits will lead to improved patient response to disease.

Bondurant commented also on the growing link between academics and industry in the areas of scientific and medical research, noting that this relationship is the "fertilization ground" for research and a place for application of knowledge.

Presentations at this session were made by Kenneth Reeb, M.D., professor and chair of the department of family medicine; Joel Tepper, M.D., professor and chair, radiation oncology; Kirk Aune, director of the medical school office of information systems, and by Carol Jenkins, director of the Health Sciences Library.

The weekend concluded with individual reunions by the classes of '78, '73, '68, '63, and '58. In addition, the members of the Class of '48 marked their 40-year reunion with induction into the Manning-Berryhill Club.

*(**Editor's Note:** Additional photographs from Alumni Spring Weekend appear in the Class Notes section, which starts on page 18.)*

Dan Crawford

New Medical Alumni Association officers (from left): Joseph Russell, M.D. '69, immediate past president; Daniel Gottovi, M.D. '71 (HS), president; W. Grimes Byerly, M.D. '50, president-elect; and Mitch Hardison, M.D. '80, District IV councillor.

Dean's Page

(continued from inside front cover)

wish to follow? How many of us have adopted explicitly the values of parents? How many of us have attempted to make explicit the values we hold implicit in our intuition, often derived from early or unrecognized influences?

I want to suggest a second basis of coping with change successfully: a personal assessment of our values. I suppose there are a number of ways in which this might be done. It seems to me useful to begin with an assessment of the values which we now profess by systematically examining the sources of those values. We might then consider the principles by which we actually live and spend our time as manifestations of the values we practice. We might then overlay the values we practice upon those we profess in order to produce an explicit set of values which we wish to embrace and hold, and against which we wish to design and judge our adaptation to changes in the system of health care.

It is, in fact, the best of times. It is the worst of times. The scope and the power of medicine will clearly grow immensely in the decades ahead. The constraints and complexities of medical practice will also grow immensely. Physicians will be happy and fulfilled, in part, to the extent they are able to adapt to changes in society and in the practice of medicine. To some degree, medical education is maladaptive insofar as it is necessarily narrow and insofar as it fails to provide an explicit set of values.

Each physician can complement his or her medical education by purposefully and systematically broadening the base of his or her knowledge and experience, and by recognizing explicitly the system of values by which he or she will be guided. Equipped with a broader base of knowledge and a system of values, along with the high competence in clinical medicine which is typical of today's graduates of outstanding residency programs, each physician will be prepared to better realize the rewards and the fulfillment of medical practice in a world of change.

Stuart Bondurant

Stuart Bondurant, Dean

Faculty Notes

Floyd Denny, M.D., alumni distinguished professor of pediatrics and director of the School of Medicine Program on Health Promotion and Disease Prevention, is one of two persons receiving the 1988 O. Max Gardner Award. The awards, given annually since 1949, were established in the will of the former North Carolina Governor O. Max Gardner. They are given to UNC system faculty members who have "made the greatest contribution to the welfare of the human race." Denny was recognized for his research on rheumatic fever and for his advocacy of child health care.

Glenn Wilson, first director of the state's Area Health Education Centers program and first chair of the department of social and administrative medicine, has been named special assistant to the dean of the School of Medicine. Wilson's new responsibilities include a comprehensive and detailed analysis of the health care system to help guide planning for teaching, research and patient care activities in the 21st century. Wilson joined the UNC faculty in 1970. He had chaired social and administrative medicine since its creation ten years ago.

Wilson

Kathleen W. Rao, M.D., professor of pediatrics and pathology and director of the Cytogenetics Laboratory, has received the Golden Chromatid Award from the University of Miami. Given annually, the award recognizes outstanding ability in the field of chromosome analysis. Rao, who joined the UNC faculty in 1984, is also a faculty member in the Curriculum in Genetics.

John Frey, M.D., professor of family medicine, has been appointed to a two-year term on the Literature Selection Technical Review Committee of the National Library of Medicine.

Tom Boat, M.D., professor and chair of pediatrics, has been appointed to the National Heart, Lung and Blood Advisory Council of the U.S. Department of Health and Human Services' National Heart, Lung and Blood Institute. As a council member, Boat will help evaluate the institute's cardiovascular, blood and lung diseases programs and will make recommendations to the institute director and NIH director concerning directions, goals and priorities of these programs. His term runs through 1991.

Boat

Linville Meadows, M.D., a member of the Lineberger Cancer Research Center, has received a Clinical Investigator Award from the National Cancer Institute. Meadows will use the 5-year, $348,000 grant for research on the isolation and cloning of the receptor for alpha interferon. The work may lead to a better understanding of how interferon slows the growth of some tumors, but has no effect on others.

Suzanne Landis, M.D., Jo Anne Earp, M.D., and **Michael Sharp, M.D.,** coauthored a report that appeared in the May issue of the national journal *Pediatrics*. The report details findings from a study to discover what guidelines pediatricians, day care staffs and parents use for sending children home. Data were collected from 80 pediatricians, 200 mothers and 347 day care workers at day care centers throughout North Carolina.

Harry Gooder, Ph.D., professor of microbiology and immunology, has been elected to a three-year term as chairman of the UNC faculty. Gooder, who joined the faculty in 1961, is chairman of the University Priorities Committee and was a member of the town-gown committee studying city/campus roadways.

Cecil G. Sheps, M.D., Taylor Grandy Distinguished professor emeritus of social and administrative medicine, has received the Duncan Clark award for distinguished service in preventive medicine from the national Association of Teachers of Preventive Medicine. Sheps, who was recognized for 40 years of research and teaching, was on the faculty from 1968-86.

An endowed professorship in pathology has been created to honor **Kenneth Brinkhous, M.D.,** alumni distinguished professor emeritus and former chair of the department of pathology. The Brinkhous Distinguished Professorship in Pathology is the result of a 15-year effort by medical school alumni and former housestaff of Memorial Hospital. It is the 18th endowed chair established in the medical school.

Nine persons have been promoted to full professors in the School of Medicine. They are: **Roy C. Orlando, M.D.,** medicine; **Robert E. Cross, M.D.,** pathology and medicine; **H. Shelton Earp, M.D.,** medicine and pharmacology; **William F. Finn, M.D.,** medicine; **R. Eugene Johnston, M.D.,** radiology; **Edward A. Norfleet, M.D.,** anesthesiology; **David S. Sheps, M.D.,** medicine; **Robert E. Wood, M.D.,** pediatrics; and **Priscilla Blakeney, M.D.,** microbiology and immunology. These appointments became effective July 1.

The Department of Family Medicine at the University Hospitals of Cleveland has created the **Kenneth G. Reeb, M.D.,** Award for Excellence in Teaching. Reeb was vice-chairman of that department until 1987, when he came to Chapel Hill as chair of the family medicine department. The award recognizes faculty members in family medicine or in related areas who possess outstanding teaching abilities. Recipients of the award will be chosen by third-year residents. The first Reeb Award was presented June 24.

Walter B. Greene, M.D. professor of surgery, has been re-elected chair of the Committee on Instructional Courses for the American Academy of Orthopaedic Surgeons.

Medical School Graduates Told Patients Are "Real Heroes" of Medicine

In a brief address to the 152 men and women who received degrees from the School of Medicine May 10, Henry R. Lesesne, M.D., associate professor of medicine, shared some of the wisdom and insights gleaned from people he acknowledged as "personal heroes".

Lesesne said his first and earliest heroes, his parents, "taught me about service and hard work." From his parents, Lesesne learned at an early age the importance of laughter in the healing process.

Lesesne said his personal heroes also taught him the importance of treating the whole person and of recognizing "the goodness of pain—painful times can build perseverance."

He reminded graduates of "the non-negotiable price of being a physician," who must always put the patient first.

He concluded "The real heroes of medicine are the patients themselves."

Remarks by Peter Dalldorf, senior class president, immediately preceded presentations of diplomas and hoods. Hooding was presided over by William Blythe, M.D., and James Bryan, M.D.

The Doctor of Medicine with Honors and Distinction was presented to David Alan May of Morristown, NJ, and to Gail Elizabeth Quackenbush of Bay Shore, NY. Doctor of Medicine with Honors went to nine students: Jeffrey P. Campbell of Kings Mountain; Anne Cunanan Ford of Cary; Asha Rosalind Kallianpur and Karen Gipson Seaton of Chapel Hill; Spyro Peter Vulgaropolus of Andover, MA; Mary Clare Skrzynski of Winston-Salem; and Melinda Hill Privette, Maura Lynne Campbell and David Wintner Roberson of Durham. Doctor of Medicine with Distinction was awarded to Teresa Anne Rupp of Chevy Chase, MD; Richard Peek, Jr. and Charles Edward Parke of Charlotte; and David Curtis Hillsgrove of Cary.

Two of the 93 men and 59 women in the Class of 1988 will remain at Memorial Hospital for their internships; 44 of those graduating will remain in North Carolina for additional training.

(Below are some scenes from Graduation 1988, as captured by Chapel Hill photographer Dan Crawford.)

News Briefs

University Ranks 17th In NIH Grants Nationwide

For the third year running, UNC-CH is among the top 20 schools in the country for research funding from the National Institutes of Health.

NIH funding to the University rose 16 percent in fiscal year 1987, according to figures recently released by the agency. UNC received awards totaling $66.9 million—a $9.25 million increase from 1986.

The NIH figures also show that the School of Medicine recorded a 14 percent increase in funding over 1986, placing the institution 19th among the nation's medical schools.

UNC Chancellor Chistopher Fordham said the funding increase from NIH shows that the University is continuing to firmly establish itself as one of the nation's premiere research institutions.

"The NIH is the federal agency with one of the most extensive peer-review, competitive processes. A 16 percent gain last year after a better than 10 percent increase and a record-setting performance in 1986 clearly shows that the University is on the move," he said.

Scientists Working on Medical Imaging Receive Support from NCI

Computer scientists, radiologists, and other researchers at UNC who are working to improve images of the inside of the human body have received a $4.2 million grant from the National Cancer Institute. The three-year research grant will allow scientists to continue working on projects designed to make medical technologies such as CAT scans, ultrasound and magnetic resonance imaging more useful.

"Our chief objectives are to increase the accuracy and effectiveness of radiation treatment of tumors and to improve the sensitivity, reliability, and cost-effectiveness of radiologic diagnosis," said Stephen Pizer, M.D., professor of computer science, radiology and radiation oncology. He noted that the grant money will support six separate projects in the area of imaging.

Noted Pediatrician Delivers Eighth Annual Zollicoffer Lecture

The highest poverty level in 20 years is subjecting American children—especially black children—to levels of hunger and homelessness never experienced before in this country, said Festus O. Adebonojo, M.D., speaker for the Eighth Annual Zollicoffer Lecture.

Adebonojo

Adebonojo, a noted pediatric nutritionist and chairman of the pediatrics department at Meharry Medical College in Nashville, TN, observed that the United States is 19th in infant mortality worldwide. This is appalling, he said, when one considers that $1 billion is spent on health care in this country each day.

Lack of health care for the nation's poor, largely black population is the result of many things, said Adebonojo, including unemployment, the 1981 recession, cutbacks in federally funded programs, and the fact that nearly one-quarter of the country's obstetricians have curtailed high-risk deliveries because of the fear of malpractice suits.

"Everyone has the right to a healthy life," Adebonojo said. He noted that programs such as Medicaid reach only a relatively small segment of the population they were intended to help.

Adebonojo borrowed words from a speech by IBM executive Thomas Watson, who commented more than a decade and a half ago, "We cannot continue to live with facts like these. We ought to overhaul the system and put health care within the reach of the poor."

The Zollicoffer Lecture honors Lawrence Zollicoffer, the fourth black graduate of the UNC School of Medicine and a co-founder of Baltimore's nationally recognized Garwyn Medical Center, one of the city's first black-owned medical centers.

1988-89 Holderness Fellows Named

Twelve UNC medical students have been awarded Holderness Medical Fellowships for 1988-89. The awards, worth $3,000 each, are given to support research and other scholarly works carried out by the students, including work conducted with a faculty member of their choice.

The fellowships allow students to explore specific issues in their areas of interest. Research topics of this year's fellows range from the effects of vitamin D on tumors to factors that affect the healing of the ear drum.

Holderness recipients include Nancy E. Broskie, Benjamin D. Sutker, and Brian H. Hamilton, all of Charlotte; Margaret E. Denny of Winston-Salem; Robert G. Elgin of Lompoc, CA; Catherine M. Gordon and Stephanie W. Heindle, both of Chapel Hill; Leroy K. Hubbert of Bangor, ME; Ron L. Kaplan of Ithica, NY; Lianne deSerres of Oakridge, TN; Rudolph H. Triana of Miami, FL, and Gilbert R. Upchurch of Durham.

The Holderness Medical Fellowship Program was established in 1980 by the Howard Holderness family of Greensboro.

"This is a program for enriching the training and enhancing the experiences of selected medical students to help them reach their full potential," said John Sessions, M.D., professor of medicine and director of the Holderness Program.

Kidney Referral Network Links Nephrologists With University

Of the three major causes of kidney disease—glomerulonephritis, hypertension and diabetes—glomerulonephritis is the most common but the least understood, accounting for more than 50 percent of diagnosed cases of complete kidney function loss, and encompassing more than a dozen related kidney diseases.

A major kidney disease network at UNC is dedicated to improving the speed and effectiveness of glomerulonephritis diagnosis and treatment. The North Carolina Glomerular Diseases Collaborative Network is led

by Ronald Falk, M.D., a nephrologist, and Charles Jennette, M.D., a pathologist. Susan Hogan is clinical coordinator for the team.

"Relatively little is known about how to handle these diseases, therefore, they are difficult to treat or even diagnose," Falk says. "Since no one doctor sees many glomerulonephritis cases, it is hard to build up a great deal of knowledge about treatments."

The relationship between the group at UNC and physicians not located near a large academic medical center was developed so that doctors in these various communities could expand their knowledge of glomerulonephritis.

A major tool used in this computer network is telefacsimile (called FAX) machines, used to transmit patient histories and work ups from 65 practicing kidney specialists located throughout five southeastern states: Florida, Georgia, South Carolina, Virginia and, of course, North Carolina. In a matter of seconds, a patient's complete medical record can be sent electronically from his attending physician's office to the kidney network office in Chapel Hill.

"Information for evaluation, diagnosis and follow up that is critical for this network to operate can be quickly relayed and evaluated by the physicians involved," says Falk.

Researcher Studies Drug to Offset Side Effects of Chemotherapy

A new immune-boosting drug called Colony Stimulating Factor is under study by J. Stephen Haskill, M.D., associate professor of obstetrics/gynecology and a member of the Lineberger Cancer Research Center.

Haskill

Colony Stimulating Factor, which stimulates production of disease-fighting cells in the bone marrow, may also be able to offset the side effects experienced by cancer patients undergoing chemotherapy and radiotherapy. Haskill, along with researchers involved in similar studies at Duke University, is using the drug in patients receiving chemotherapy. He said that Colony Stimulating Factor does not attack the cancer cells, but focuses instead on battling the infections that often cause death in patients whose immune systems are weakened by cancer treatment therapies.

A human hormone that occurs naturally in tiny amounts, Colony Stimulating Factor was discovered in the 1960s and has only recently been available synthetically in quantities large enough and pure enough for clinical use.

Doctors Find Growth Factor May Worsen Disorders

A group of UNC doctors have discovered that a previously unknown chemical growth factor may play a key role in the physical decline and eventual death of patients with cystic fibrosis, chronic obstructive pulmonary disorders, bronchitis and other serious lung diseases.

The researchers say the growth factor appears to cause rapid growth and reproduction of smooth muscle cells lining blood vessels in the lungs.

The rapid growth of these cells stiffens the pulmonary artery, and leads to abnormally high blood pressure inside the artery. The pressure weakens the right side of the heart, which eventually fails.

Mitchell Friedman, M.D., associate professor of medicine who presented the group's findings at the annual meeting of the American Thoracic Society, notes that "this growth factor, which appears to be unique, acts as a kind of signal. If we can learn more about it, we might be able to devise strategies for turning it on and off."

David R. Clemmons, M.D., associate professor of medicine, is co-author of the report. Other collaborators in the study are William McGann, M.D., a postdoctoral fellow in the division of pulmonary medicine, and Albert Collier, M.D., professor of pediatrics.

The UNC study is supported by the National Institutes of Health, the American Heart Association and the Cystic Fibrosis Research Foundation.

Memorial Fund Established in Honor of UNC Surgeon

The Department of Surgery, in conjunction with the School of Medicine, the Womack Society and the Medical Foundation of North Carolina, has developed an endowment fund to honor James F. Newsome, M.D. Newsome, who died earlier this year, was professor of surgery and a leader in the development of the medical school's oncology program.

The endowment fund will create the James F. Newsome Professorship in surgical oncology. Contributions to this endowment fund should be sent to:

The James F. Newsome Memorial Fund
c/o Everette Nordstrom, Executive Director
Medical Foundation of North Carolina
School of Medicine, 229 MacNider Building, CB #7565
Chapel Hill, NC 27514

Class Notes

Manning Berryhill-Club

A.F. Nammond Jr., M.D. '32, lives in New Bern, where he is enjoying his "11th year of beautiful retirement."

Allie C. Mitchell, M.D. '43, has retired from urology practice in Frenchtown, NJ, where he was also clinical professor of surgery, division of urology, at the University of Medicine and Dentistry of New Jersey.

T. English Walker, M.D. '48, practices pediatrics in Charlotte with his daughter, Anne (M.D. '80), and reports that he has seen his "9000th newborn." He and his wife plan to move back to North Carolina, and will live in Davidson.

Tyndall P. Harris, M.D. '48, retired in January after six years as medical adviser of the NC Highway Safety Branch. He and his wife have four children and seven grandchildren.

Charles Saunders, M.D. '48, has retired from his obstetrics and gynecology practice. He lives in Burlington, where he is a volunteer with Meals on Wheels and Hospice. He has four children and six grandchildren.

50s

Carolyn C. Barker, M.D. '58, practices psychiatry in Oxford, where she lives with her husband and three children.

Rebecca H. Buckley, M.D. '58, is J. Buren Sidbury Professor of Pediatrics, professor of immunology and chief of the division of allergy and immunology at Duke. She and her husband, Ed, have four children.

George Hamby, M.D. '58, practices psychiatry in Chapel Hill and is acting director of the adolescent unit at Alamance County Hospital. Hamby and his wife, Ann, have two children, one of whom is a rising junior at UNC.

Luther S. Nelson, M.D. '58, practices radiology in Amarillo, TX. He and his wife have three children and three grandchildren.

David B. Crosland, M.D. '58, practices gynecology at Cabarrus Memorial Hospital in Concord. He and his wife, Anne, have four children.

Nancy P. Fawcett, M.D. '58, is professor of pediatrics at the University of Miami and medical director of a primary care program at the UM Medical Center. She and her husband, Jack, have two children.

Carl A. Furr Jr., M.D. '58, practices obstetrics and gynecology at Cabarrus Memorial Hospital and Cabarrus Clinic for Women in Concord. He and his wife, Sharon, have three children. Two have graduated from UNC, and another is a UNC sophomore.

Thomas M. Haizlip, M.D. '58, is director of Child and Youth Services at Dorothea Dix Hospital and interim director of the Child and Adolescent Division at UNC. He and his wife live in Raleigh and have two children who attend UNC.

Robert F. Hook, M.D. '58, lives in Jacksonville, FL, with his wife, Chantal. The Hooks have three children.

Allen R. Koenig, M.D. '58, is medical legal affairs adviser at American Home Products Corp. in NYC. He and his wife, Lora, have four children and live in Cos Cob, CT.

Luther S. Nelson, M.D. '58, lives in Amarillo, TX, where he practices radiology. He has three children and three grandchildren.

J. Richard Patterson, M.D. '58, practices obstetrics and gynecology in Danville, VA. He and his wife, Anne, have two children.

Charles W. Stout, M.D. '58, has a family practice in Asheboro. He and his wife, Barbara, recently celebrated their 30th wedding anniversary. Their three children are UNC graduates.

Dan E. Johnson, M.D. '58, is a pediatrician at Piedmont Pediatric Clinic. He and his wife, Mary Ann, live in Concord and have three children, one of whom attends UNC's dental school.

60s

Benjamin E. Dunlap, M.D. '63, is a family practitioner in Statesville. He and his wife, Suzanne, have two children. The youngest, Anne, was graduated from the UNC School of Pharmacy this year.

William E. Thornton, M.D., '63, lives in Friendswood, TX, and writes that he stays busy "digging away at the largest individual collection of data on man in space and getting a bit of it in the literature." He is also researching ways of keeping men alive and well in space and returning them safely to earth after long periods of time.

Karl F. Bitter, M.D. '63, is practicing urology with Asheville Urological Asso-

ciates. He and his wife have four children and one grandchild.

I. Kelman Cohen, M.D. '63, is professor and chairman of plastic/reconstructive surgery at the Medical College of Virginia, Virginia Commonwealth University. Cohen says that his research over the past 16 years has resulted in more than 100 scholarly papers, and he is currently editing a book on wound healing. He says his work has taken him to a variety of locations in Europe and the Far East. He invites fellow alumni to visit when they're in the Richmond area.

Dave M. Davis, M.D. '63, is practicing psychiatry in Atlanta. He is an administrative and management consultant for hospitals across the U.S. He and his wife, Joan, have two sons, one a UNC graduate and one attending UNC.

Benjamin Goodman, M.D. '63, practices family medicine in Franklin, VA. He and his wife, Marion, have three children. The oldest daughter is a junior at UNC.

Charles I. Loftin, M.D. '63, is part of a five-person internal medicine practice in Roanoke, VA. He and his wife, Alice, have two children.

Richard Pressley, M.D. '63, practices neurosurgery in Boulder, CO. He and his wife, Melanie, have two sons.

Charles J. Sawyer, M.D. '63, practices family medicine with a five-person group in Ahoskie. He and his wife have two children.

Samuel E. Scott, M.D. '63, who lives and practices in Burlington, has a son who is a second-year medical student at UNC.

William H. Taylor, M.D. '63, has a general ophthalmology practice in Cocoa, FL, where he lives with his wife, Anita, and their two daughters.

Kelley Wallace Jr., M.D. '63, has a solo practice in Washington, NC, and is on the medical staff at Beaufort County Hospital. He and his wife, Calla, have four children; two are students at UNC.

Roy A. Weaver, M.D. '63, is chief of pathology at Cape Fear Valley Hospital and immediate past president of the Cumberland County Medical Society. He and his wife, Anita, have three children and live in Fayetteville.

James G. White, M.D. '63, has a private practice in pediatrics in Ormond Beach, FL, and is president of the Florida Medical Association. He and his wife, Beebe, have three children.

A. Everette James, Jr., M.D. '63, is a member of the task force for the Military Curriculum for Deployment. This group will develop a medical care curriculum to use in combat. James also represented the American College of Radiology at the National Health Lawyers Association meeting in Washington, where he made a presentation on the Vanderbilt University School of Medicine's Center for Medical Imaging Research.

Benjamin E. Dunlap, M.D. '63, has a family practice in Statesville. He and his wife, Suzanne, have two children. His daughter is a UNC pharmacy school graduate.

E. Frank Shavender, M.D. '68, is a partner in the Durham Clinic, where he practices gynecology. He and his wife, Jane, have two daughters, one of whom will be a freshman at UNC this Fall.

J. Allen Whitaker, M.D. '68, practices cardiology with the Carolina Clinic in Wilson, and is working to establish a cardiac cath program at Wilson Memorial Hospital. He and his wife, Pam, have two sons.

Robert R. Whitley, M.D. '68, is part of a four-person family practice in Reidsville. He has three children.

Morris E. Williams, M.D. '68, is part of a three-person cardiology practice. He and his wife, Ann, live in Greenville, SC, and have three sons.

Roberta Williams, M.D. '68, is chief of pediatric cardiology at UCLA.

Joe Griffin, M.D. '68, is associate professor of medicine at the Medical College of Georgia in Augusta. He is president of the Georgia Gastroenterology Society and president-elect of the Richmond County Medical Society. He and his wife, Diane, have two sons, both UNC students.

George W. Bensch, M.D. '68, lives in Stockton, CA, where he has a private practice in allergy with an emphasis in pediatric respiratory disease. He also is a clinical professor of allergy and immunology at the University of California.

Alan Davidson, M.D. '68, lives in Long Meadow, MA. His daughter graduated from UNC in May, and was senior class president.

Theodora Lippitt Gongaware, M.D. '68, is medical director of the county clinic in Savannah, GA. She and her husband, a surgeon, have three children.

John Kirkland, M.D. '68, is professor of pediatrics at Baylor College of Medicine, Houston, TX.

Edward W. Kouri, M.D. '68, practices radiology with the 21-member Charlotte Radiology group. He and his wife recently celebrated their 20th anniversary. The Kouris have three children.

John C. Markham, M.D. '68, lives in Augusta, GA, where he practices gastroenterology and is chair of the Board for St. Joseph's Center for Life, Inc. Markham and his wife, Cynthia, have two children. The eldest, a daughter, is a rising sophomore at UNC.

John L. Powell, M.D. '68, is director of gynecologic oncology at Baystate Medical Center in Springfield, MA. He writes "I am board certified in OB/Gyn, gynecologic oncology and laser surgery, and have authored 25 publications." Powell has been visiting lecturer at cities in France and in China. He and his wife have two children.

Patrick T. Malone, M.D. '68, practices psychiatry in Atlanta and is the author of a book, *The Art of Intimacy,* published by Prentice-Hall.

James M. Rhyne, M.D. '68, is an internist in Statesville. He and his wife, Anne, have three children.

R. Frank Lowry Jr., M.D. '68, practices ophthalmology in Raleigh. He and his wife, Gayle, have five children.

C.N. Williamson, M.D. '68, practices internal medicine and nephrology in San Francisco. He writes: "I would love to hear from anyone who is coming this way. . ."

David W. Ange, M.D. '68, is practicing radiation oncology and lives in Knoxville, TN, with his wife, Sandra. They have three children.

70s

S. Bates Billick, M.D. '73, is chief of psychiatric outpatient services at St. Vincent's Hospital in Greenwich Village, NY. He is also associate professor of psychiatry at New York Medical College.

Charles E. Baker, M.D. '73, is a pediatrician and family practitioner in the town of Crossnore, near Linville Gorge. Baker writes "I think I am the only pediatrician from my class that delivers his own patients." He and his wife have two children. The Bakers also own a Christmas tree farm.

Frederic Bahnson, M.D. '73, and his family lived in Nigeria, West Africa for more than two years. Bahnson writes that he "worked as a missionary doctor in a large rural mission hospital and visited bush villages." Bahnson has resumed his otolaryngology practice in Montana. He and his wife, Julie, have three children.

Nady M. Cates, M.D. '73, is a family practitioner in Fayetteville. He and his wife, Carol, have two children.

Melvin L. Clayton, M.D. '73, practices internal medicine in Ahoskie, where he is president of the medical staff at Roanoke-Chowan Hospital and a trustee of Roanoke-Chowan Community College. The Claytons have three sons.

John E. Estes Jr., M.D. '73, lives in Birmingham and is an assistant professor of neurosurgery at the University of Alabama.

E. Ruffin Franklin, M.D. '73, is part of a pediatric group practice in Raleigh. He and his wife have four children.

Marshall Goldberg, M.D. '73, practices obstetrics and gynecology with a multispecialty group in Fairbanks, AK. The Goldbergs, who recently celebrated their 18th anniversary, have two children.

Michael D. Gooden, M.D. '73, lives in Goldsboro. He has been appointed to the Board of Directors of the Medical Mutual Insurance Company of North Carolina.

David A. Grimes, M.D. '73, holds a joint professorship in preventive medicine and obstetrics and gynecology at the University of Southern California School of Medicine. Grimes and his wife have two daughters.

Colin D. Jones, M.D. '73, is partner in a five-person family practice group in Winton. He and his wife have two children.

Stanley C. Jordan, M.D. '73, is director of pediatric nephrology and transplant immunology at Cedars-Sinai Medical Center in Los Angeles. He is also associate professor of pediatrics at UCLA School of Medicine.

Stephen H. Kaufman, M.D. '73, practices pulmonary and critical care medicine in Norfolk, VA.

Richard C. Low, M.D. '73, lives in Houston, TX, where he has a pediatrics practice. The Lows have four children.

James N. Martin Jr., M.D. '73, is on the faculty of the University of Mississippi Medical Center and heads the residency program in obstetrics and gynecology. He and his wife have two children.

David R. Patterson, M.D. '73, practices gastroenterology in Greensboro. The Pattersons have three children.

David E. Sharp, M.D. '73, lives in Solon, OH, and is a staff physician in the division of laboratory medicine at the Cleveland Clinic Foundation. The Sharps have three boys and two girls.

James M. Stratton, M.D. '73, lives in Berkeley, CA, where he works with the State Department of Health Services. Stratton heads up the scientific and risk assessment activities for Proposition 65.

Daniel Summerlin, M.D. '73, is an anesthesiologist in Salem, VA. He and his wife, Molly, have three children.

Douglas C. Tilt, M.D. '73, practices internal medicine in Birmingham, AL, where he lives with his wife and three children.

Robert R. Walther, M.D. '73, is associate clinical professor of dermatology at Columbia and has a private practice in Midtown Manhattan, NYC. He and his wife have a son.

Joseph P. Archie, M.D. '73, is part of a cardiovascular surgical group in Raleigh. He is clinical professor of surgery at UNC and an adjunct associate professor of mechanical and aerospace engineering at NC State University.

Robert L. Fritz, M.D. '73, lives in Charlottesville, VA, where he is a family practitioner specializing in sports medicine. He is a clinical instructor in sports medicine and family practice at UVA. He and his wife have two sons.

Dale A. Newton, M.D. '73, practices internal medicine and pediatrics at the Tarboro Clinic. He and his wife have three sons.

W. Henry Purvis, M.D. '73, lives in Sanford, where he practices urology with a multispecialty group. He has four sons and two grandchildren.

Eddie Paul, M.D. '76 was elected a fellow of the American College of Surgeons. He is senior partner in Guilford Orthopaedic Center in Greensboro. His wife, Melinda Rohm Coover Paul (M.D. '77), is a pediatrician. The Pauls have two children.

Elsie E. Winstead, M.D. '77, reports that she left her job with an HMO to become "a full-time mom of two outstanding kids!" She and her husband, a nephrologist, live in St. Louis, MO.

John Gordon, M.D. '78, lives in Boston, where he is a cardiologist at the Brigham and Women's Hospital and an instructor at Harvard medical school. He and his wife, Jane Burns (M.D. '78), have two children.

Jean W. Carter, M.D. '78, practices obstetrics and gynecology in Raleigh.

Thomas A. Dillard, M.D. '78, is a pulmonary and critical care specialist and assistant professor of medicine at the Uniformed Services University of the Health Sciences, Bethesda. The Dillards have three children and live in Kensington, MD.

Jane C. Burns, M.D. '78, is an infectious diseases specialist at the Boston Children's Hospital. An instructor at Harvard medical school, she has two children and is married to John Gordon (M.D. '78).

Nancy L. Teaff, M.D. '78, is completing a fellowship in reproductive endocrinology at Wayne State University in Detroit, MI. She plans to start a practice in Charlotte later this year. She and her husband, J. Bryon Walthall (M.D. '78), have two children.

James G. Peden Jr., M.D. '78, and his wife, Charlene, report the birth of a son, James G. Peden III, on June 7, 1988. The Pedens live in Greenville.

J. Bryon Walthall, M.D. '78, has received his Masters in Public Health from the University of Michigan. He and his family are moving to Charlotte where he will practice family medicine.

Judy Jordan, M.D. '79, and her family have moved from Phoenix to Philadelphia where her husband is completing a fellowship in nutrition.

80s

Peter M. Szymoniak, M.D. '84 (HS), of Milton, FL, was inducted as a fellow of the American Academy of Orthopaedic Surgeons during the association's annual meeting in Atlanta.

Deaths

Isaac H. Lutterloh, M.D. '19
Benjamin H. Kendall, M.D. '27
William Cochran Highsmith, M.D. '28
William O'Kelly Fowler, M.D. '31
Henry Clay Harrill, M.D. '31
Joseph Raymond Strauss, M.D. '33
Charles G. Mock, M.D. '33
Lewis Edward Jones, M.D. '45
Andrew A. Manning Jr., M.D. '48
Julian Barrus Coleman, M.D. '50
James G. Todd Jr., M.D. '56
Elizabeth H. Jackson, M.D. '73

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